# L31000007537

	questor's Name)			
(Re	questors Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,	_			
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
		<del></del>		
Special Instructions to Filing Officer:				

Office Use Only



000356926150

01/09/21--01002--028 \*\*128.00

2021 Jan - 8 - 94 2: 0 |

2021 JAN -8 AH II: 46 SECRETALY OF STATI

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

459 BEACH ROA	D DUPLEX, L	LC		
	<del></del>			
<del></del>				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			<u> </u>	
				Fictitious Name File
				Trade/Service Mark
				Art, of Amend, File
			<u>.</u>	RA Resignation
				Dissolution / Withdrawal
			*****	Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
-				Vehicle Search
				Driving Record
Requested by: BA	1/07/21			UCC 1 or 3 File
Name		Time	<del></del>	UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up	·		Courier

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

459 Beach Road Duplex, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5391 Lakewood Ranch Blvd., Suite 100 Sarasota, Florida 34240

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRAI Services, Inc. 1200 S. Pine Island Rd. Plantation, FL 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in chapter 605.

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

<u>Title:</u> MGR

Name and Address: Siesta Key JV LLC

5391 Lakewood Ranch Blvd., Suite 100

Sarasota, Florida 34240

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes)

Robert F. Greene
Typed or printed name of signee

2021 JAN -8 AMII: 46

SSI Secretary