H21000019174 3

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(((H21000019174 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
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# FLORIDA LIMITED LIABILITY CO. SANIBEL YARDBIRD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

# **COVER LETTER**

TO:					
		rdBird, LLC			
SUBJEC	Л;	Name of	Limited Liabil	ity Company	
The encl	osed Articles of	Organization and fee(s	) are submitted	I for filing.	
Please re	turn all correspo	ondence concerning this	matter to the	following:	
	Brian A. Abl	Name of Limited Liability Company  d Articles of Organization and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  Brian A. Abbott  Name of Person  Odin, Feldman & Pittleman, P.C.  Firm/Company  Address  City/State and Zip Code  Brian. Abbott@ofplaw.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  Brian A. Abbott  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.			
			Name o	Person	
	Odin, Feldm	an & Pittleman, P.C.			
			Firm/Co	ompany	<del></del>
	<del></del>	<del></del>	Add	ress	<del></del>
			City/State at	nd Zip Code	
	1	E-mail address: (to be t	ised for future	annual report notificati	on)
For furthe	r information co	ncerning this matter, p	lease call:		
	Brian A. Abl	bott		2182130	
	Nam			Daytime Telephon	e Number
151	dia a abaal foas	ha fallandaa amanat			
		_			~3 
□ <b>\$</b> 125	.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	: Centi	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ne Address		Street Address	
		Filing Section		New Filing Section D The Centre of Tallahi	
	P.O. F	on of Corporations Box 6327		2415 N. Monroe Stre	et, Suite 810
	Tallah	nassee, FL 32314		Tallahassee, FL 3230	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Sambel YardBird, LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "ELC.")

#### ARTICLE II - Address:

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

### Principal Office Address:

Mailing Address:

1010 Wisconsin Avenue NW	1010 Wisconsin Avenue NW
Suite 550	Suite 550
Washington, D.C. 20007	Washington, D.C. 20007

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another, business entity with an active Florida registration.)

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

Corporation Service	· · · · - · · · · · · · · · · · · · · ·	
	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>SOT</u> ac	rceptable)
Tallahassee	FL.	32301
City	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I that her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position as registered agent as provided for in Chapter 603. E.S.

Corporation Service Company

By Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JEE 14 TEH: 24

"MGR Manager  MGR Ouercus Management, LLC  H910 Wisconsin Avenue NW, Suite \$50  Washington, D.C. 20007  E.V. Effective date, if other than the date of illing:	**Contract Manager**  **MGR**  **MGR**  **Outerus Management, LLC**  1010 Wisconsin Avenue NW, Suite 550  **Washington, D.C. 20007*  **Evit Effective date, if other than the date of illing:	Title:		nd Address:	
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