Jan 28 2021 1:55PM

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1/28/2021

Division of Corporations

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

Email Address: NS ANCK Spradin Com

FLORIDA LIMITED LIABILITY CO. SUNCOAST PARADISE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNCOAST PARADISE PROPERTIES, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
9442 Foxglove LN	9442 Foxglove LN
Naples, FL 34120	Naples, FL 34120

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:

THE LAW OFFICE	CES OF NICK SPRADLI	N, PLLC
	Name	
2202 N. WEST SI	HORE BLVD. STE 200	
Florida street addi	ress (P.O. Box NOT accept	ptable)
TAMPA	FLORIDA	33607
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, 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 proper and complete performance of my duties, and ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 F.S.

(CONTINUED)

stered Agent's Signature (REQUIRED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address; er
MGR	KEVIN LEE 9442 Foxglove LN
	Naples, FL 34120
	
(Use attachment if necessary)	
effective date is listed, the date mi te of filing.)	the date of filing:
cument's effective date on the Dep	partment of State's records.
CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS	PI IR PY/SE
	PURPOSE
REQUIRED SIGNATURE:	
This document	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State ed degree felony as provided for in s.817.155, F.S.
	AS J. SPRADLIN AUTHORIZED REP. OF A MEMBER Typed or printed name of signoe

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE X Continuation of Business

The remaining member(s) may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member of the Company.

ARTICLE XI Date of Adoption

These Articles of Organization of the Company were adopted on the 1st day of January, 2021 and is effective upon filing.

ARTICLE XII . Manner of Adoption

These Articles of Organization were approved by the Member(s) of the Company and all interests in the Company were voted in favor thereof.

Dated this $\underline{\mathcal{W}}$ day of January, 2021.

chris Jimenez, Okganizer

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office. 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 proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this $\frac{27}{}$ day of January, 2021.

Registered Agent:

Marlowe McNabb Machnik P.A. 1560 West Cleveland Street Tampa, Florida 33606

Raphael D. Rashkin, Esquire

Authorized Representative of Registered Agent