

Feb 04 2021 1:00PM  
2/1/2021

NICK SPRADLIN

8133336358

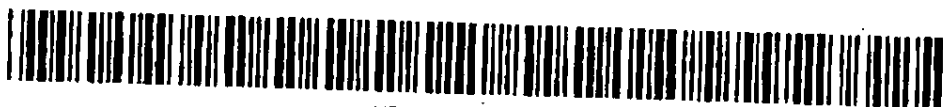
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**L21000038043**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

2021 FEB -1, AM 8:45

**\*\*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@NickSpradlin.com

**FLORIDA LIMITED LIABILITY CO.  
SFY Family Investment LLC**

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

2021 FEB -1, PM 12:49

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date 2-5-21*

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SFY Family Investment 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:**1802 N Alafaya Trail  
Suite 160  
Orlando, FL 32826**Mailing Address:**1802 N Alafaya Trail  
Suite 160  
Orlando, FL 32826**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 OFFICES OF NICK SPRADLIN, PLLC  
Name2202 N. WEST SHORE BLVD. STE 200Florida street address (P.O. Box **NOT** acceptable)

<u>TAMPA</u>	<u>FLORIDA</u>	<u>33607</u>
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Nick Spradlin  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Samson Tschaye  
1802 N Alafaya Trail Suite 160  
Orlando, FL 32826

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI: Other provisions, if any.**

ANY AND ALL LAWFUL BUSINESS PURPOSE

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER  
Typed or printed name of signee

**Filing Fees:**

**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)**

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