### Florida Department of State

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### FLORIDA LIMITED LIABILITY CO. **R&K SOUTHSIDE, LLC**

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### **ARTICLES OF ORGANIZATION**

# R&K SOUTHSIDE, LLC, a Florida limited liability company

#### ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

#### R&K SOUTHSIDE, LLC

# ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1805 Siesta Drive Sarasota, Florida 34239	2021 H.	v <del>ta d</del> iberi
and, the mailing address of the Limited Liability Company shall be:	, J	
520 Givens Street Sarasota, Florida 34242	70	
ARTICLE III <u>INITIAL REGISTERED AGENT/OFFICE</u>	т. <u>:л</u>	_

The registered office of the Limited Liability Company and its initial registered agent shall be:

Robert T. Allegra 520 Givens Street Sarasota, Florida 34242

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Robert T. Allegra 520 Givens Street Sarasota, Florida 34242

These Articles of Organization have been executed as of the \_\_\_\_\_ day of March, 2021.

Robert T. Allegra

"MANAGER"

#### <u>CERTIFICATE OF DESIGNATION OF</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

#### R&K SOUTHSIDE, LLC

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

Robert T. Allegra 520 Givens Street Sarasota, Florida 34242

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 31-2021

Robert Allegra

"REGISTERED AGENT"