

L21000127067

3/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000122263 3)))



H21000122263ABCT

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To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 876666003611
Phone : (941)748-8100
Fax Number : (941)745-2093

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

Email Address: jill@nsii.net

FLORIDA LIMITED LIABILITY CO.
5507 Calle Del Invierno, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03

RECEIVED
2021 MAR 26 PM 12:24
CORPORATIONS
GENERAL
SERVICES

2021 MAR 26 PM 12:06

12
RECEIVED
3/26/21
[Handwritten signature]

3/26/2021

Division of Corporations

Estimated Charge	\$125.00
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Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAR 26 FRI 12:00
11:59 AM

Fax Audit: (((H21000122263 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5507 Calle Del Invierno, 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:

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

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

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation Florida 33324

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.

[Handwritten Signature]
Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY 12 2021
SARASOTA, FLORIDA

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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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

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.

Matthew Staggs, Auth Rep.

Typed or printed name of signee

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)

03/26/2021 12:00 PM
 10