

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001364073)))



H210001364073ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

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

Email Address: KWHITE@AHG-GROUP.COM

FLORIDA LIMITED LIABILITY CO.

Attads Investors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/1/21

(((H21000136407 3)))

		COVER LET	TER	
	New Filing Section Division of Corporations			
SUBJEC	ATTADS INVESTORS, LLC			
SUBJEC	Name of	Limited Liab	ility Company	_
The enclo	osed Articles of Organization and fee(s	s) are submitte	d for filing.	
Please ret	urn all correspondence concerning thi	s matter to the	following:	
	Kristy J. White			
		Name o	f Person	
	CS Sunbiz, LLC			
		Pirm/C	ompany	
	700 West Morse Boulevard, Suite	220		
		Add	ress	
	Winter Park, Florida 32789			
	kwhite@ahg-group.com	City/State a	nd Zip Code	
		ised for future	annual report notification)	
For further	information concerning this matter, pl	ease call:		
	Kristy J. White	407	691-5600	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed	is a check for the following amount:			
\$125.00 [Filing Fee \$130.00 Filing Fee & Certificate of Status	L-Certif	ied Copy Certificat nal copy is enclosed) Certified	ciling Fee, e of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F£ 32301	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(((H21000136407 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
A TOTAL DEL DIVISCOTO DE LA C	
ATTADS INVESTORS, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
A DOMEST TO A Address.	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is:	

Princip	pal Office	Address:

Mailing Address:

700 West Morse Boulevard, Suite 220	700 West Morse Boulevard, Suite 220
Winter Park, Florida 32789	Winter Park, Florida 32789

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 Plorida registration.)

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

CS Sunbiz, LLC		
<u> </u>	Name	
700 West Morse Bo	ulevard, Suite 220	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Winter Park	Florida	32789
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H21000136407 3)))

"AMBR" = Authorized Member	Name and Address:
/ Hattotized trientoet	
"MGR" = Manager	
MGR	AHG Manager, LLC
	700 West Morse Boulevard, Suite 220
	Winter Park, Florida 32789
	,
	
(Use attachment if necessary) EV: Effective date, if other than the date of file	ing: . (OPTIONAL)
EV: Effective date, if other than the date of filective date is listed, the date must be specific filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will not ate's records.
EV: Effective date, if other than the date of filective date is listed, the date must be specific filling.) the date inserted in this block does not meet to	and cannot be more than five business days prior to or 9 he applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific f filing.) the date inserted in this block does not meet the nent's effective date on the Department of States.	and cannot be more than five business days prior to or 9 he applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will not ate's records.
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will not ate's records.
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false informations.	the applicable statutory filing requirements, this date will not ate's records. The applicable statutory filing requirements, this date will not ate's records. The applicable statutory filing requirements, this date will not ate's records. The applicable statutory filing requirements, this date will not ate's records.
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false informations.	the applicable statutory filing requirements, this date will not ate's records. The applicable statutory filing requirements, this date will not ate's records. The applicable statutory filing requirements, this date will not ate's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)