# 121000161199

(	Requestor's Name)
(	Address)
(.	Address)
	Oity/State/Zip/Phone #)
=-CK-fl.s	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Селіficates of Status
Special Instructions	to Filing Officer
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2021 APR 15 PH 2: 04 ROBIVED

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**Department of State** 

**Division of Corporations** 

Date: 04/15/2021

**American Expediting (Stealth Courier)** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

**Company: Avenida Investors LLC** 

**Requester: Order: Meridian Partners** 

Order: 13097700

### **COVER LETTER**

	New Filing Sec Division of Co					
SUBJEC <sup>*</sup>		INVESTORS LI	.C			
SUBJEC		Nai	ne of Lim	nited Liabili	ty Company	
The enclo	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please ret	um all correspo	ondence concernir	ig this ma	tter to the fe	ollowing:	
	AZUREDE	ROSS				
		<u>-</u>		Name of	Person	
	MERIDIAN	PARTNERS LA	W P.A.			
				Firm/Cor	пралу	
	4923 W. CY	PRESS STREET				
	<del></del>			Addre	ss	
	TAMPA, FL	. 33607				
	CRICTUI.	1753 1375 1371 157		ity/State and	Zip Code	
		KENNEDYINVE			nnual report notificati	ion)
T 6		`			maar report nouneas	,
ror turtner	intermation co	ncerning this matt	er, piease	can:		
	AZUREDE I	ROSS	81. at (	3	443-5260 )	
	Nam	ne of Person	Ar	ea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	unt:			
<b>■</b> \$125.0	0 Filing Fee	□\$130.00 Filir Certificate of S		Certific	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ig Address			Street Address	
		iling Section			New Filing Section Di	
		on of Corporations lox 6327	3		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314			Γallahassee, FL 3230	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 APR 15	ÄH	9:	43
SECRETARY	0.7	ST.	ATE
TALLAGAS	37 F		L

AVENIDA	INVESTORS LLC	

ain the words "Limited	Liability Compan	y. "L.L.C.," or "LLC.")		
ddress of the principal o	office of the Limite	ed Liability Company is:		
al Office Address:		Mailing Address:		
.VD.	29	01 W. BUSCH BLVD.		
	SU	SUITE 901		
		MPA, FL 33618		
active Florida registration	оп.)	. You must designate an individual or		
BRYAN W. SYKES	S. ESO.			
	Name			
4923 W. CYPRESS	STREET			
Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)		
ТАМРА	FL	33607		
City	State	Zip		
I hereby accept the approvisions of all statutes r ligations of my position	pointment as registive lating to the proparties as registered agen			
	ent, Registered Office, cannot serve as its own active Florida registered BRYAN W. SYKES  4923 W. CYPRESS Florida street address TAMPA  City  Ingent and to accept serve I hereby accept the approvisions of all statutes religations of my position	ent, Registered Office, & Registered Agent active Florida registered agent are:  BRYAN W. SYKES, ESQ.  Name  4923 W. CYPRESS STREET  Florida street address (P.O. Box NOT)  TAMPA  FL  City  State  rigent and to accept service of process for the I hereby accept the appointment as registered as I service of process for the service of the appointment as registered agent.		

(CONTINUED)

ART	101	F	$IV_{-}$
44 14	11 . E	·F	I V -

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MG</u> R	WATER CAY HOLDINGS II LLC 2901 W. BUSCH BLVD., SUITE 901 TAMPA. FL 33618
	SEGNE AND THE
<del></del>	- π · σ · σ · σ · σ · σ · σ · σ · σ · σ ·
(Use attachment if necessary)	FATE
(If an effective date is listed, the date must be the date of filing.)	date of filing: 04/14/2021 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL PURPOSES	·
REQUIRED SIGNATURE:	Feyn

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.

BRYAN W. SYKES / AUTHORIZED REPRESENTATIVE
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)