

L21000161297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

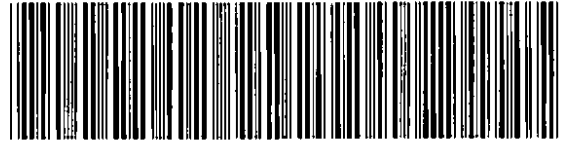
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR 15 PM 12:06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

223 PERIWINKLE PLAZA LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

ARTICLES OF ORGANIZATION
223 PERIWINKLE PLAZA LLC
(a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

ARTICLE I.
NAME

The name of the limited liability company is 223 PERIWINKLE PLAZA LLC.

ARTICLE II.
ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

223 Periwinkle Plaza
Anna Maria, FL 34216-1617

Mailing Address:

PO Box 1617
Anna Maria, FL 34216

ARTICLE III.
REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT'S SIGNATURE

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

DAVID M. PARRISH
2045 60th Place East
Bradenton, FL 34203

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

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accept the obligations of my position as registered agent as provided for in chapter 605, Florida Statutes.

David M. Parrish
Registered Agent Signature

David M. Parrish
DAVID M. PARRISH, 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.))