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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : 120170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SF&GM PROPERTY, LLC.

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

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05/11/2021 09:36 AM FAX 9548422936  
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SORSHER & ASSOCIATES

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May 11, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SORSHER & ASSOCIATES

SUBJECT: SF&GM PROPERTY, LLC  
REF: W21000064282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

FAX Aud. #: H21000187796  
Letter Number: 521A00009783

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

SF&GM PROPERTY, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRANT MANUKYAN

Name of Person

SF&GM PROPERTY, LLC.

Firm/Company

100 KINGS POINTE DRIVE, STE 620

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

GRANTMANUKYAN@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRANT MANUKYAN

954

488-4321

81

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

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
 Certificate of Status &  
 Certified Copy  
 (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SF&GM PROPERTY, 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:100 KINGS POINTE DRIVE, STE 620  
SUNNY ISLES BEACH, FL 33160Mailing Address:100 KINGS POINTE DRIVE, STE 620  
SUNNY ISLES BEACH, FL 33160

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MANUKYAN, GRANT

Name

100 KINGS POINTE DRIVE, STE 620Florida street address (P.O. Box NOT acceptable)SUNNY ISLES BEACH FL 33160

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..

Grant Manukyan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SORSHER & ASSOCIATES

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MANUKYAN, GRANT  
100 KINGS POINTE DRIVE, STE 620  
SUNNY ISLES BEACH, FL 33160

(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.

MANUKYAN, GRANT

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

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