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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
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MAY 26 2021

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		Southside, LLC			
SUBJEC	. I i	Name o	Limited Lia	bility Company	
The encl	osed Articles of	Organization and feet	s) are submit	led for filing.	
Please re	turn all corresp	ondence concerning the	is matter to th	e following:	
	Raymond R	ush			
			Name	of Person	
	1109 Souths	ide Rental			
			FirmV	Company	
	915 Edgehil	l Rd			
			Ac	ldress	
	Valrico FL I	33594			
	ravnishrealio		City/State	and Zip Code	
			used for futur	e annual report notificat	ion)
For further	r information co	ncerning this matter, p	lease call:		
	Raymond Ru		813 L(453-1889)	
	Nan	ne of Person	Area Code		ne Number
Enclosed	is a check for t	he following amount:			
	00 Filing Fee	■\$130.00 Filing Fe Certificate of Status	s Ceri	155.00 Filing Fee & tified Copy onal copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address iling Section on of Corporations lox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit				
The name of the families that	y Company is:			
Rushmore Southside,				
(Must conta	ain the words "Limite	d Liability Company, "	L.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	dress of the principal	office of the Limited	Liability Company is:	
-				
<u>Principa</u>	al Office Address:		Mailing Address	;
915 Edgehill Rd.		915 F	dgehill Rd	
Valrico FL 33594		Valri	Valrico FL 33594	
ARTICLE III - Registered Age	ent Panistared Office	o & Donictored Agen	t'e Sianaturo	
(The Limited Liability Company				idual or
another business entity with an a				
•	Č	•		
The name and the Florida street :	address of the register	ed agent are:		
	Ravmond Rush			
	ravinona rasii	Name		
	915 Edgehill Rd.			
	Florida street addre	ess (P.O. Box <u>XOT</u> ac	ceptable)	
		ess (P.O. Box <u>NOT</u> ac FL	ceptable) 33594	
	Florida street addre	FL.	•	
	<u>Valrico</u> City	FL State	33594 Zip	
	Valrico City agent and to accept ser	FL State vice of process for the	33594 Zip above stated limited liability	
place designated in this certificate.	Valrico City agent and to accept ser I hereby accept the ap	FL. State vice of process for the pointment as registere.	33594 Zip above stated limited liability d agent and agree to act in t	his capacity. 1
place designated in this certificate, further agree to comply with the pr	Valrico City agent and to accept ser I hereby accept the approvisions of all statutes	FL. State vice of process for the pointment as registere relating to the proper i	33594 Zip above stated limited liability d agent and agree to act in t	his capacity. 1 If my duties, and I
Having been named as registered of place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	Valrico City agent and to accept ser I hereby accept the approvisions of all statutes	FL. State vice of process for the pointment as registere relating to the proper i	33594 Zip above stated limited liability d agent and agree to act in t	his capacity. 1 If my duties, and I
place designated in this certificate, further agree to comply with the pr	Valrico City agent and to accept ser I hereby accept the approvisions of all statutes	FL. State vice of process for the pointment as registere relating to the proper i	33594 Zip above stated limited liability d agent and agree to act in t	his capacity. 1 If my duties, and I
place designated in this certificate, further agree to comply with the pr	Valrico City Igent and to accept ser I hereby accept the apovisions of all statutes ligations of my positio	FL. State vice of process for the opointment as registere relating to the proper a new registered agent a.	33594 Zip above stated limited liability d agent and agree to act in t and complete performance of s provided for in Chapter 60	his capacity. 1 If my duties, and I
place designated in this certificate, further agree to comply with the pr	Valrico City Igent and to accept ser I hereby accept the apovisions of all statutes ligations of my positio	FL. State vice of process for the pointment as registere relating to the proper i	33594 Zip above stated limited liability d agent and agree to act in t and complete performance of s provided for in Chapter 60	his capacity. 1 If my duties, and I

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Diane Rush
	915 Edgehill Rd
	Valrico FL 33594
AMBR	Matthew Rush
	915 Edgehill Rd
	Valrico FL 33594
MGR	Raymond Rush
<u></u>	915 Edgehill Rd
	Valrico FL 33594
	
(If an effective date is listed, the date must the date of filing.)	the date of filing:
·	thent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ran
This document is Lam aware that ar	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Raymond l	Rush
	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)