Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

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

Email Address: admin@elattorneys.com

## FLORIDA LIMITED LIABILITY CO. 2231 Whitfield PL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



To:

Fax: (850) 617-6381

Page: 2 of 3

06/23/2021 11:00 AM

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
2231 Whitfield PL, LLC		
(Must contain the words "Limited Liability of	Company, "L.L.C	.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liabili	ty Company is:
Principal Office Address:		Malling Address:
2231 WHITFIELD PARK LOOP	Same	

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

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

SARASOTA, FL 34243

another business entity with an active Florida registration.)

Ellison & Lazeni	oy, PLLC	
	Name	
150 2nd Ave. N.,	Suite 1770	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
St. Petersburg, Fl	L 33701	
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)

To:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Gary F. Dinsdale 2231 Whitfield Park Loop Sarasota, FL 34243
an effective date is listed, the date must be date of filing.)	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:    O M	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.

## Filing Fees:

Typed or printed name of signee

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

Gary F. Dinsdale

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