

L21000317572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

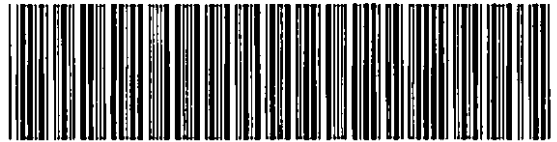
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100369292541

07/09/21--01025--028 **875.00

FILED
21 JUL -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/13/21 83

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SARASOTA FALL ASSOCIATES 6, 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:

Jennifer G. Lee, Esq
Name of Person
Harold H. Weisman, PA
Firm/Company
14416 S. Military Trail
Address
Delray Beach, FL 33484
City/State and Zip Code
carolyn.winter@floridamoves.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer G. Lee, Esq. 561 450-7219
Name of Person at () 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

21 JUL -9 PM 4:55
SECRETARY OF
TALLAHASSEE
FILED

**ARTICLES OF ORGANIZATION
OF
SARASOTA FALL ASSOCIATES 6, LLC**

ARTICLE I - NAME

The name of the limited liability company is **Sarasota Fall Associates 6, LLC**, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
8320 Misty Lake Circle
Sarasota, Florida 34241

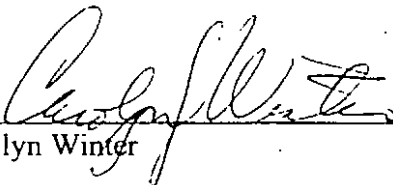
Mailing Address:
8320 Misty Lake Circle
Sarasota, Florida 34241

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Carolyn Winter
8320 Misty Lake Circle
Sarasota, Florida 34241

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.



Carolyn Winter

SECRETARY OF STATE
FALL ASSOCIATES 6, LLC

21 JUL -9 PM 1:52

FILED

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

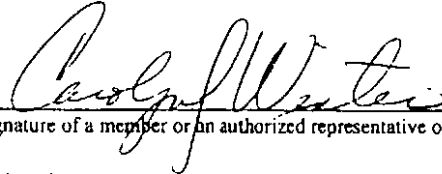
"AMBR" = Authorized Member

AMBR

Name and Address:

Carolyn Winter
8320 Misty Lake Circle
Sarasota, FL 34241

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.

Carolyn Winter

Typed or printed name of signee

FILED
21 JUL -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA