

L21000317573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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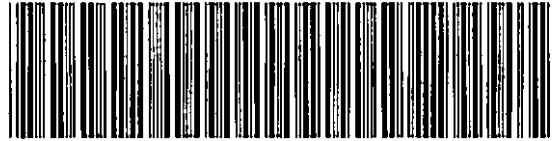
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SARASOTA BEST ASSOCIATES 7, 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

at ()

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

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TALLAHASSEE
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
OF
SARASOTA BEST ASSOCIATES 7, LLC**

ARTICLE I – NAME

The name of the limited liability company is **Sarasota Best Associates 7, 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

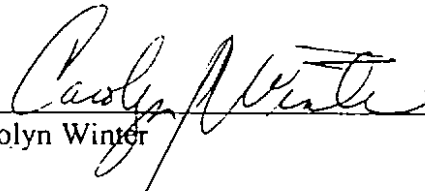
Mailing Address:
8320 Misty Lake Circle
Sarasota, Florida 34241

**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

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PM 1:52

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

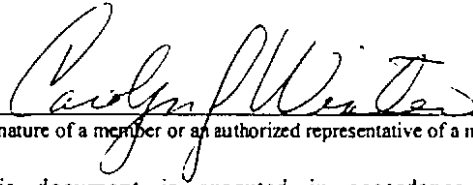
"AMBR" = Authorized Member

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 signer

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SECRETARY OF STATE
TALLAHASSEE, FL 32399