L21000335990

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500369955825

SECRETARY OF 3: 13
FALLAHASSEE, FLORID

2721 JUL 23 A

23 AH 0: 12

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 7/23/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 937606

ÇŌ

ORDER ENTITY______1033 W BAYSHORE, LLC

PLEASE PERFORM THE FOLLOWI	NG SERVICES:
1033 W BAYSHORE, LLC (FL)	

New LLC filing

NOTES:
\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS: ___

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Friday, July 23, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1033 W Bayshore.			
(Must co	ntain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal of	fice of the Limited L	liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
28 West Pine Aver	นะ	28 We	est Pine Avenue
The Limited Liability Compa	Florida 32328 gent, Registered Office, & ny cannot serve as its own 1	St. Ge & Registered Agent Registered Agent. Y	eorge Island, Florida 32328
St. George Island. ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Florida 32328 gent, Registered Office, & ny cannot serve as its own l n active Florida registration	St. Ge & Registered Agent Registered Agent. Y 1.)	eorge Island, Florida 32328 C's Signature:
St. George Island. ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Florida 32328 gent, Registered Office, & ny cannot serve as its own l nactive Florida registration	St. Ge & Registered Agent Registered Agent. Y 1.) agent are:	eorge Island, Florida 32328 C's Signature:
St. George Island. ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & my cannot serve as its own lactive Florida registration et address of the registered	St. Ge & Registered Agent Registered Agent. Y 1.)	eorge Island, Florida 32328 C's Signature:
St. George Island. ARTICLE III - Registered A	gent, Registered Office, & my cannot serve as its own lactive Florida registration et address of the registered	St. Ge & Registered Agent Registered Agent. Y n.) agent are:	eorge Island, Florida 32328 e's Signature: ou must designate an individual or
St. George Island. ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & any cannot serve as its own late active Florida registration address of the registered Steven G. Ganim	St. Ge & Registered Agent Registered Agent. Y 1.) agent are: Name Soulevard, Suite 110	corge Island, Florida 32328 C's Signature: ou must designate an individual or
St. George Island. ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & my cannot serve as its own In active Florida registration address of the registered Steven G. Ganim 1825 NW Corporate F	St. Ge & Registered Agent Registered Agent. Y 1.) agent are: Name Soulevard, Suite 110	corge Island, Florida 32328 C's Signature: ou must designate an individual or

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)

ARTICLE IV-

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

<u> </u>	uthorized Member		
"MGR" = Mar			
AMBR	-	Survivors Real Estate Holdings, LLC	
		28 West Pine Avenue	
		St. George Island, Florida 32328	
-			_
			_
			_
			_
			-
			_
			-
effective date is l te of filing.)	e date, if other than the dat isted, the date must be sp	pecific and cannot be more than five business days prior to or 9	
CLE V: Effective effective date is less to filling.) If the date insert cument's effective	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no	
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be sp ted in this block does not be date on the Departmen rovisions, if any.	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no	ot be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be sp ted in this block does not be date on the Departmen rovisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.	ot be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen rovisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.	ot be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen rovisions, if any. SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records. The state of State of a member of an authorized representative of a member.	nt be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed am aware that any fals.	meet the applicable statutory filing requirements, this date will not of State's records. The state of State of a member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State	nt be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed am aware that any fals.	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes.	ot be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	sided, if other than the datisted, the date must be specified in this block does not be date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	nt be lis
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	e date, if other than the dat isted, the date must be spaced in this block does not be date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed am aware that any fals.	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	at be list
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the cument of th	sided, if other than the datisted, the date must be specified in this block does not be date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. Typed or printed name of signee	ent be liss
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other present the content of the content o	sided, if other than the datisted, the date must be specified in this block does not be date on the Department rovisions, if any. SIGNATURE: Signature of a mathematical This document is executed a mathematical and false constitutes a third degree. Steven G. Ganii	meet the applicable statutory filing requirements, this date will not of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	at be list
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other properties of the company of the com	sided, if other than the datisted, the date must be specified in this block does not be date on the Department rovisions, if any. SIGNATURE: Signature of a mathematical This document is executed a mathematical and false constitutes a third degree. Steven G. Ganii	meet the applicable statutory filing requirements, this date will not of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. Typed or printed name of signee	ent be list