L21000341523

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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LEARINGY OF STA

SECRUTALISES
TANDARDSEE

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:		7/26 Danny				
		CERTIFIED COPY					
•	XX	РНОТОСОРУ				·	
		CUS					
	XX	FILING	LLC				
1.		8101 INVESTMENTS,	LLC TUMENT #)		-		
2.		(CORPORATE NAME AND DOC	UMENT #)				
3.		(CORPORATE NAME AND DOC	UMENT #)				
4.	-	(CORPORATE NAME AND DOC	UMENT #)				
5.	-	(CORPORATE NAME AND DOC	UMENT #)				 -
6.	-	(CORPORATE NAME AND DOC	UMENT #)				
SPE(CTIONS:					



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2021

CORPORATE ACCESS

SUBJECT: 8101 INVESTMENTS, LLC

Ref. Number: W21000105144

We have received your document for 8101 INVESTMENTS, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agents name must be listed exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00017400



COVER LETTER

TO:	New Filing Sec Division of Co					
SURII	ECT:	8101 IN	VESTME	NTS, LLC		
3000		Na	ame of Lin	uited Liabil	ity Company	
The en	closed Articles of	Organization an	d fee(s) are	e submitte <i>ë</i>	for filing.	
Please	return all corresp	ondence concerni	ing this ma	itter to the	following:	
	LEONARI	DE. ZEDECK				
				Name of	Person	
	LAW OFFI	CES OF LEONA	RD E. ZE	DECK, P.A	۸.	
				Firm/Co	mpany	
	8870 W OA	KLAND PARK	BLVD., #1	101		
				Addr	ess	
	SUNRISE, I	FL 33351				
	ZEDECKLA'	W@AOL.COM	C	ity/State an	d Zip Code	
			o be used	for future a	nnual report notificati	ion)
For furth	ner information co	ncerning this mat	iter, please	call:		
	PAM WIDE	MAN	95 at (4	467-7277	
	Nan	e of Person		rea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amo	unt:			
≡ \$12;	5.00 Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fec & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	g Address iling Section on of Corporation ox 6327	15		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee, FL 32314

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUL 28 PM 3: 08

			SECTION	_	
The name of the Limited Liability Company is:			SECRETARY (TALLAHASS	JF STAT	
	8101 INVESTMEN	NTS. LLC	•,	. (-, r.f.	
(Must con	tain the words "Limited		, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limite	d Liability Company is:		
Principal Office Address:			Mailing Address:		
8870 W. OAKLANI SUNRISE, FL 3335	D PARK BLVD., #101	887 SU	8870 W. OAKLAND PARK BLVD., #101 SUNRISE, FL 33351		
another business entity with an	y cannot serve as its own active Florida registration	n Registered Agent. on.)	ent's Signature: You must designate an individual or		
The name and the Florida street					
	Law Offices of		Zedeck, P. A.		
		Name			
	8870 W. OAKLAND				
	Florida street addres	is (P.O. Box <u>NOT</u> a	acceptable)		
	SUNRISE	FL	33351		
	City	State	Zip		
ace aesignated in this certificate,	. I hereby accept the app	ointment as register clating to the prope	e above stated limited liability company at th red agent and agree to act in this capacity. I r and complete performance of my duties, an as provided for in Chapter 605, F.S.		

as

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address	i	
MGR		LC K BLVD. #101	
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the data is effective date is listed, the date must be a date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department.	specific and cannot be more than it meet the applicable statutory fil	n five business days prior to or 90 day	
RTICLE VI: Other provisions, if any.			_
REQUIRED SIGNATURE:	8 1 3	P 30 MW	<u> </u>

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.

LEONARD E. ZEDECK

Typed or printed name of signce

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)