# 21000375693

(Re	questors ivame)	
	dress)	-
DA)	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del>-</del>
ertified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



400370917214

08/18/21- 010/1- 012 \*\*125.00

SECRETARY OF STATE TALLARIASSEE, FL

RECEIVED

2021 AUG 20 AM 8: 58

# CORPORATE Whe

# 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**

	CERTIFIED COPY		
ζ.	РНОТОСОРУ		
	CUS		
ζ.	FILING	LLC	
	O60 5 <sup>TH</sup> STREET SOUT ORPORATE NAME AND DOCUM		
(C	ORPORATE NAME AND DOCUM	NT #)	
(C	ORPORATE NAME AND DOCUM	NT #)	
(C	ORPORATE NAME AND DOCUM	NT #)	
		NT #1	
(C)	ORPORATE NAME AND DOCUM	· · · · · ·	

#### COVER LETTER

TO:	New Filing Se Division of Co				
CUDIC	zve.	1060 5	th Street So	uth, LLC	
SUBJE	C1:	Name of Lir	mited Liabil	ity Company	<del></del>
The enc	losed Articles o	f Organization and fee(s) ar	e submitted	for filing.	
Please r	eturn all corresp	ondence concerning this ma	atter to the	following:	
		Ch	iristohper R	. Heflin	
			Name of	Person	
		Che	ffy Passido	mo, P.A.	
			Firm/Co	mpany	
		82	1 5th Aven	ic South	
			Addr	ess	
			Naples, FL	34102	
			-	d Zip Code	
		E-mail address: (to be used	etlin@nap		ion)
For furthe		oncerning this matter, please		·	
	Christopher	R. Heflin 23 at (	39	261-9300	
	Nan	· ·	rea Code	Daytime Telephon	e Number
Enclose	d is a check for t	the following amount:			
	.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 bassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	issee et, Suite 810

August 19, 2021

CORPORATE ACCESS

SUBJECT: 1060 5TH STREET SOUTH, LLC

Ref. Number: W21000114657

We have received your document for 1060 5TH STREET SOUTH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 321A00019925

www.sunbiz.org

#### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")  RTICLE II - Address:  the mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:			reet South, LLC		
Principal Office Address:  Mailing Address:  Mailing Address:  1060 5th Street South #3  Naples, FL 34102  TICLE 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 other business entity with an active Florida registered agent are:	(Must con	ntain the words "Limited	I Liability Company,	"L.L.C.," or "LLC.")	
Naples, FL 34102		address of the principal	office of the Limited	Liability Company is:	
Naples, FL 34102  Naples, FL 34102  Naples, FL, 34102  RTICLE 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 other business entity with an active Florida registration.)  e name and the Florida street address of the registered agent are:	<u>Princi</u>	pal Office Address:		Mailing Address:	
RTICLE 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 other business entity with an active Florida registration.)  e name and the Florida street address of the registered agent are:	1060 5th St	reet South #3		1060 5th Street South #3	
ne Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)  e name and the Florida street address of the registered agent are:	Naple	es, FL 34102		Naples, FL, 34102	
Name  821 5th Avenuc South  Florida street address (P.O. Box NOT acceptable)		8	Name 21 5th Avenuc South		ETARY OF STATE LAHASSEE, FL
Naples FL 34102 City State Zip				<del></del>	

(CONTINUED)

### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MICIR = Manager	
MGR	Catherine M. Juliano
WOK	461 11th Avenue South
	Naples, FL 34102
	SECRETARY TALLAHAS
<del></del>	
	>
	ASY OF
<del> </del>	
(Use attachment if necessary)	• •
	date of filing: (OPTIONAL)
effective date is listed, the date must b te of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.

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)