

(Requestor's Name)
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(City/State/Zip/Phone #)
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2021 AUG 31 PM 4: 33 SECRETARY OF STATE

## COVER LETTER

	on of Cor	porations						
	o2Market	LLC						
SUBJECT:		N	lame of Lin	nited Liabi	lity Company		_	
The enclosed A	rticles of	Organization a	nd fee(s) are	e submitte	d for filing.			
Please return all	correspo	ndence concert	ning this ma	itter to the	following:			
Chri	istic J Su	sko						
	<u> </u>			Name o	f Person			_
Go2	Market I.	LC						
<del></del>				Firm/Co	ompany	· · · · · · · · · · · · · · · · · · ·		
750	N Tamia	mi Trail, #1102	2					
				Add	ress		(0	~
Sara	isota, FL	34236					TAL TAL	021 #
			С	ity/State a	nd Zip Code			<u>မြေ</u>
cjsusk	ko@gmai		<del></del>	^ ^		<u> </u>	<u> 917</u>	
	E	-mail address: (	to be used	for future	annual report notificat	ion)		PH 4: 3:
For further inform	nation con	cerning this ma	itter, please	call:			212	ار د د
Chris	stie J Susl	KO .	70 at (	3	608-6554 )		í= '.	ယ
	Name	of Person	- Aı	rea Code	Daytime Telephon	e Number		
Enclosed is a che	eck for th	e following am	ount:					
□\$125.00 Filing	g Fee	■\$130.00 Fit Certificate of		Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Certificat Certified ( (additional c	e of Statu Copy	s &
	New Fil	Address ing Section n of Corporatio x 6327	ns		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ability Company is:			
Go2Market_LLC				
(Must	contain the words "Limited	Liability Compan	y, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	office of the Limit	ed Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Addr	ess:
750 N Tamiami	Frail, #1102	7	50 N Tamiami Trail, #1102	
Sarasota, FL 342		Sa	rasota, FL 34236	
	Christie J Susko	Name		
	750 N Tamiami Trai Florida street addres		acceptable)	
	Sarasota	FL	34236	
	City	State	Zip	
Having been named as registe place designated in this certific further agree to comply with th am familiar with and accept th	cate, I hereby accept the app ne provisions of all statutes r ne obligations of my position	pointment as regist relating to the prop as registered age	ered agent and agree to act i per and complete performanc	in this capacity.  I se of my duties, and
		(CONTINUEI	<b>)</b> )	202 SE(

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## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Christie J Susko 750 N Tamiami Trail, #1102 Sarasota, FL 34236		
<del></del>			
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(Use attachment if necessary)			
TICLE V: Effective date, if other than the date n effective date is listed, the date must be s late of filing.)	e of filing: Sentember 1, 2021  pecific and cannot be more than five busines  meet the applicable statutory filing requireme	ss days prior to o	
TICLE V: Effective date, if other than the date in effective date is listed, the date must be slate of filing.)  e: If the date inserted in this block does not	meet the applicable statutory filing requirement	ss days prior to o	
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CICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.)  e: If the date inserted in this block does not document's effective date on the Department's effective date on th	meet the applicable statutory filing requirement of State's records.  ember or an authorized representative of a stated in accordance with section 605.0203 (1)	ents, this date will a member. (b), Florida Statut	not be listed

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)