

L21000413365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

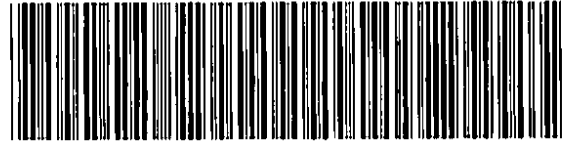
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200371422942

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2021 SEP 16 AM 9:56

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 16 PM 4:35

FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9-15-21

****WALK IN****

ENTITY NAME Tampa 6001 LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP 20 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 16, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: TAMPA 6001 LLC
Ref. Number: W21000125377

We have received your document for TAMPA 6001 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The AMBR's Last Name is not legible.

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: 621A00022420

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Tampa 6001 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

art@rocklyn.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Author W. Kanerviko at (315) 488-3000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 16 PM 4:35

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa 6001 LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4801 W. Genesee St. Suite #2

Syracuse, NY 13219

Mailing Address:

4801 W. Genesee St. Suite #2

Syracuse, NY 13219

ARTICLE 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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Equity Investment Services LLC

Name

7575 Dr. Phillips Blvd.

Florida street address (P.O. Box NOT acceptable)

Orlando

FL

32819

City

State

Zip

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..

/s/ Christopher M. Savino

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Arthur W. Kanerviko
4801 W. Genesee St. Suite #2
Syracuse, Ny 13219

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 16 PM 4: 36

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

/s/ Arthur W. Kanerviko

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.

Arthur W. Kanerviko

Typed or printed name of signee

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)