Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037

Fax Number

: (727)888-1294

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address nloss.

Shaker\_Sameh@yahoo.com Email Address:



SVSA Retirement, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

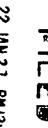
Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

JAN 28 2022





### **COVER LETTER**

Thursday, January 27, 2022

To: New Filing Section
Division of Corporation

17278881294

# Subject: SVSA RETIREMENT, 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:

FL Patel Law PLLC

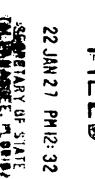
360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC



FILE

#### ARTICLES OF ORGANIZATION

22 JAN 27 PM 12: 32

**FOR** 

SECRETARY OF STATE

### SVSA RETIREMENT, LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. Name

The name of the Limited Liability Company is: SVSA Retirement, LLC (the "Company").

### ARTICLE II.

The principal office and mailing address of the Company is:

4128 Grandchamp Circle Palm Harbor, Florida 34685

#### <u>ARTICLE III.</u>

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Sameh Shaker 4128 Grandchamp Circle Palm Harbor, Florida 34685

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.

(sign)

Sameh Shaker

## ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Sameh Shaker 4128 Grandchamp Circle Palm Harbor, Florida 34685
MGR	Michael Shaker 4128 Grandchamp Circle Palm Harbor, Florida 34685

#### ARTICLE V.

The Effective date shall be the date of filing.

(sign)

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.

Sameh Shaker
Authorized Representative/Member