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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : GASSMAN, CROTTY & DENICOLO, P.A. Account Number : 075350000514 : (727)442-1200 Phone Fax Number : (727)443-5829 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** FLORIDA LIMITED LIABILITY CO. Ł

6907 BOTTLEBRUSH, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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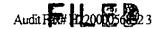
Corporate Filing Menu

Help

S. CHATHAM

FEB 15 2022

ARTICLE I - Name:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

22 FEB 14 PM 7: 55

ME MBA

The name of the Limited Liability Company is:	SEGRETARY OF STA
6907 BOTTLEBRUSH, L.L.C.	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1245 COURT STREET	200 2nd Avenue South, Unit 413
CLEARWATER, FL 33756	St. Petersburg, FL 33701
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.)	
The name and the Florida street address of the registered ages	nt arc:
ALAN S. GASSMAN, ES	SQ
Na	me
1245 Court Street	
Florida street address (P.C	D. Box NOT acceptable)

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..

Clearwater

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Audit Fax# H22000056832 3

Title:	Name and Address:
"AMBR" = Authorized Men	
"MGR" - Manager	
MGR	SEANN GATES
MOR	200 2nd Avenue South, Unit 413
	St. Petersburg, FL 33701
(Use attachment if necessary	1
(Coo mineral income)	,
EV: Effective date, if other	than the date of filing: (OPTIONAL)
ective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 d
of filing.)	
	k does not meet the applicable statutory filing requirements, this date will not b
	Department of State's records.
	•
E VI: Other provisions, if any	<i>'</i> -
REQUIRED SIGNATURE	aled Same

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.

ALAN S. GASSMAN, ESO., Authorized Representative
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)

