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.

(((H220001041713)))



H22000104171348CS

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SANCHEZ LAW PRACTICE

Account Number : I20220000050 Phone : (305)467-8532

Fax Number : (305)397-1706

There the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.**

Email Address: asanchez@sanchezlp.com

CKL JARY OF STATE LAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO. 348 SDNFM LLC

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D. O'KEEFE MAR 2 2 2022

I220001041713

From: Anatalia Sanchez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 348 SDNFM LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
11586 Plantation Preserve Cir S	11586 Plantation Preserve Cir S
Fort Myers, FL 33966	Fort Myers, FL 33966

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:

	Name	
11586 Plantation Pr	eserve Cir S	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Fort Myers	FL	33966

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 arcl accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

H22000104171 3

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Sudhir Savalajkar		
	11586 Plantation Preserve Cir S		
	Fort Myers, FL 33966		
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
			
			
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