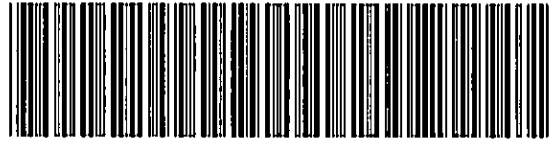


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03/22/22--01002--007 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAR 22 PM 1:26  
CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** SHARK'S TOOTH RE, 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:

ANN BLACK  
\_\_\_\_\_  
Name of Person  
  
SMITH, THOMPSON, SHAW, COLON & POWER  
\_\_\_\_\_  
Firm/Company  
  
3520 THOMASVILLE ROAD, 4TH FLOOR  
\_\_\_\_\_  
Address  
  
TALLAHASSEE, FL 32309  
\_\_\_\_\_  
City/State and Zip Code  
  
kevinrealtor1@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK                      850                      893-4105  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

**ARTICLES OF ORGANIZATION  
OF  
SHARK'S TOOTH RE, LLC**

FILED  
2022 MAR 22 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **SHARK'S TOOTH RE, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 11265 Turkey Roost Road, Tallahassee, Florida 32317. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 11265 Turkey Roost Road, Tallahassee, Florida 32317. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **Kevin Davis** located at 2050 Capital Cir NE, Tallahassee, FL 32308

7. **MANAGEMENT.**

The name and address of the Manager of the Limited Liability Company is:

Kevin Davis  
11265 Turkey Roost Road  
Tallahassee, Florida 32317

DATED this 18<sup>th</sup> day of March, 2022.



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KEVIN DAVIS

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **SHARK'S TOOTH RE, LLC.**
2. The name of the registered agent and office are: **Kevin Davis** at 2050 Capital Cir NE, Tallahassee, FL 32308.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



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KEVIN DAVIS

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TALLAHASSEE, FL