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.

Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

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 futurer annual report mailings. Enter only one email address please.

Support@flpatellaw.com

Email Address:____

RECEIVED 22 Mar 25 PM 4:51

FLORIDA LIMITED LIABILITY CO.

Fortu St Pete, LLC

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

Electronic Filing Menu

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COVER LETTER

Thursday, March 24, 2022

To: New Filing Section
Division of Corporation

Subject: <u>FORTU ST PETE, LLC</u>

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: Jamie Primeau 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

ARTICLES OF ORGANIZATION

FOR

FORTU ST PETE, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is: Fortu St Pete, LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

17 3rd Street North

ARTICLE III.

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

nd the Florida Street Address of the Registered Agent are:

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

360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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)

FLP RA Services LLC

pg 4 of 4

ARTICLE IV. Authorized Members and Managers

⊙ 03/25/2022 9:47 AM

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 | Shan Bakrac 17 3rd Street North St Petersburg, FL 33701 |

ARTICLE V.

| | | |
|--|-------------|-----|
| The Effective date shall be the date of filing. ALL AHA ANA ANA ANA ANA ANA ANA ANA ANA ANA | 2022 MAR | 7 |
| 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, a management of State of a may false information submitted in a document to the Department of State of constitutes a third degree felony as provided for in s.817.155, F.S. | 28 PHII: 22 | LED |
| Shan Bakrac | v | |
| Authorized Representative/Member | | |