

L22000125417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

MAR 29 2022



200382917852

03/09/22--01010--011 **155.00

22 MAR -9 PM 12:43
A. A. 10

LAW OFFICES
MOORE & KERBAWY COUNSELORS AT LAW, PLLC
ATTORNEYS AT LAW
4595 BROADMOOR AVE., SE; SUITE 295
GRAND RAPIDS, MICHIGAN 49512

JAMES MOORE JD

VOICE (616) 345-2900

JAMES@LOJM.NET

MARCH 3, 2022

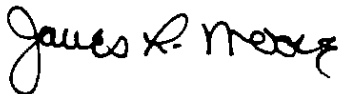
Secretary of State
Corporations Division
Division of Corporations
2425 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

RE: Limited Liability Company Registration

I request that the following Limited Liability Company be registered as required by Limited Liability Company Act of Florida. Enclosed are two copies of the Certificate of Limited Liability Company, and a check for \$155.00 in payment of the filing fee.

Thank you for your assistance.

SORBER INVESTMENTS, LLC



James L. Moore, Attorney At Law

COVER LETTER

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

SUBJECT: SORBER INVESTMENTS, 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:

RANDALL BORKUS, JD

Name of Person

BORKUS LAW GROUP, LTD

Firm/Company

1415 WEST 22ND STREET--TOWER FLOOR

Address

OAK BROOK, IL 60523

City/State and Zip Code

rhb@borkuslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Sorber

616

292-7997

at (_____) _____

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SORBER INVESTMENTS, LLC

(Must contain the words "Limited Liability 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:

1000 LAGUNA DRIVE
VENICE, FL 34285

Mailing Address:

1000 LAGUNA DRIVE
VENICE, FL 34285

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:

JAMES W. COLLINS, JD

Name

6151 LAKE OSPREY DRIVE, STE. 300

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA

FL

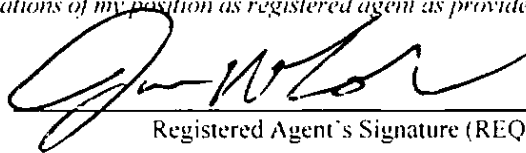
34240

City

State

Zip

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 MAR -9 PM 12:48

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JON C. SORBER

1000 LAGUNA DRIVE

VENICE, FL 34285

(Use attachment if necessary)

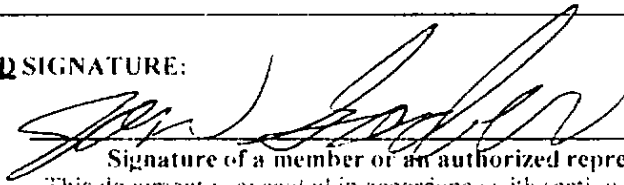
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

JON C. SORBER

Typed or printed name of signer

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)