L22000193999

(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



800387274698





CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

05/10/2022

D	ate:	05/10/2022	072 gr: () W	
		Acc#I20160000	072 G.: () J.	
Name:	Leggitt Sharma, LLC			
Document #:		·		
Order #:	14322277			
Certified Copy of Arts & Amend: Plain Copy:				
Certificate of Good Standing:				
Certified Copy of				
Apostille/Notarial Certification:		Country of Destination	on:	
Filing: 🚺	Certifie Plain: COGS:	d: 🗸		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amour	at:\$ 155.00		
		Thank you!		

FILED

2022 MAY 10 PM 3: 14

8

ARTICLES OF ORGANIZATION CREMAN OF STATE TALLAHASSEE, FL

LEGGITT SHARMA, LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

LEGGITT SHARMA, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

2124 Gulf Gate Drive Sarasota, Florida 34231

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Samuel Martin Leggitt, D.D.S. 2124 Gulf Gate Drive Sarasota, Florida 34231

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Samuel Martin Leggitt, D.D.S. 2124 Gulf Gate Drive Sarasota, Florida 34231 These Articles of Organization have been executed as of the _10__ day of May, 2022.

Samuel Martin Leggitt, D.D.

"MANAGER"

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

LEGGITT SHARMA, LLC

2. The name and the Florida street address of the registered agent are:

Samuel Martin Leggitt, D.D.S. 2124 Gulf Gate Drive Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: May 10 . 2022

"REGISTERED AGENT"

2022 HAY IO PH 3: IN