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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.

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To:

Division of Corporations Fax Number : (850)617-6381

From:

NEUTHED

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2022 JUH - 9

Account Name : GINN & PATROU, PA Account Number : I20190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

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

Email Address: JHERMES@GINNPATROU. COM

FLORIDA LIMITED LIABILITY CO.

Tankersly & Wang Properties LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$125.00	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Tankersly & Wang Properties 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:	Mailing Address:	
512 Ocean Forest Drive	512 Ocean Forest Drive	
St. Augustine, FL 32080	St. Augustine, FL 32080	

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:

Ginn & Patrou, PA			
	Name		
460 A1A Beach Blv	d		
Florida street address (P.O. Box NOT acceptable)			
St. Augustine	FL	32080	
City	State	Zip	т., ,

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)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Ke Nan Wang 229 Marshside Drive St. Augustine, FL 32080	
AMBR	Pei Wang 229 Marshside Drive St. Augustine, FL 32080	
AMBR	David Tankersly 512 Ocean Forest Drive St. Augustine, FL 32080	<u> </u>
AMBR	Jun Tankerstv 512 Ocean Forest Drive St. Augustine, FL 32080	
(Use attachment if necessary)		2022 JUN
(If an effective date is listed, the date must be the date of filing.) <u>Note:</u> If the date inserted in this block does n	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to ot meet the applicable statutory filing requirements, this date w	or 90 days after
the document's effective date on the Departm ARTICLE VI: Other provisions, if any.	ent of State's records.	2 <u>2</u> 2 3 3

REOUIRED 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.

Jonathan P. Hermes, Esu

Typed or printed name of signee

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)

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