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NAME: 1507 GULF BLVD, LLC

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COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	1507 Gulf l	Blvd, LLC			
0000		Name of L	imited Liabi	lity Company	
The enc	losed Articles of	Organization and fee(s)	are submitted	I for filing.	
Please re	eturn all correspo	ondence concerning this r	natter to the	following:	
	Ricky Huff,	Esq.			
	_		Name of	f Person	
	Brown Huff	Zohar			
			Firm/Co	ompany	
	1480 Beltree	s St., Ste. 7			
			Add	ress	
	Dunedin, FL	34698			
	ricky@bhzlaw	v.com	City/State ar	nd Zip Code	
	E	E-mail address: (to be use	d for future	annual report notificat	ion)
or furthe	er information co	ncerning this matter, plea	ise call:		
	Ricky Huff		727	214-1179	
	Name		Area Code	Daytime Telephon	
Enclosed	d is a check for th	ne following amount:			
≣\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee of Certificate of Status	Certif	5.00 Filing Fee & ied Copy all copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section		New Filing Section D:	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FI. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 JUN 10 AM 9: 07

SEUNLIMENT UP STATE TALLAHASSEE, FL

ARTICLE I - Name: The name of the Limited Liability Company is:

1507 Gulf Blvd, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Princip	oal Office Address:		Mailing Address:	
1507 Gulf Blvd			1507 Gulf Blvd	
Indian Rocks Beach	, F1. 33785		Indian Rocks Beach, FL 33785	
another business entity with an	y cannot serve as its own active Florida registratio	r Registered Apon.)	Agent's Signature: gent. You must designate an individua	l or
The name and the Florida street	address of the registered	d agent are:		
	Ricky Huff, Esq.			
		Name		
	1480 Beltrees St. Ste	<u> 7</u>		
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	
	Dunedin	FL	34698	
	City	State	Zip	
place designated in this certificate	, I hereby accept the apportions of all statutes re	ointment as req elating to the p	or the above stated limited liability con gistered agent and agree to act in this c roper and complete performance of my	apacity. I duties, an
am familiar with and accept the o		1	ignature (REQUIRED)	

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason M. Anderson
	1507 Gulf Blvd Indian Rocks Beach, FL 33785
·	
	2022 JUN
	o
	SC. 3
	ri -
(Use attachment if necessary)	
ffective date is listed, the date must be spectfling.) If the date inserted in this block does not	e of filing:
Tective date is listed, the date must be specifiting.) If the date inserted in this block does not ument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
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ffective date is listed, the date must be spend filing.) If the date inserted in this block does not ument's effective date on the Department LEVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
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ffective date is listed, the date must be spend filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any false.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.

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)

ARTICLE IV-