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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

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□\$160.00 Filing Fcc.

Certificate of Status &

(additional copy is enclosed)

Certified Copy

John Martini Name of Person Firm/Company 8855 Collins Ave 1211 Address Surfside FL, 33154 City/State and Zip Code jmartini466@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Martini 305 930-9042 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:

COVER LETTER

Name of Limited Liability Company

Mailing Address

□\$125.00 Filing Fee

TO:

SUBJECT:

New Filing Section Division of Corporations

8001 CRESPIBLVD 7A,LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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

□\$130.00 Filing Fee &

Certificate of Status

Street Address

■\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

> **New Filing Section Division** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLE I - Name: The name of the Limited Liability Company is: 8001 CRESPI BLVD 7A,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: 8855 COLLINS AVENUE 8855 COLLINS AVENUE APT 12H APT 12H SURFSIDEJFL, 33154 SURFSIDE,FL, 33154 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: JOHN MARTINI Name 8855 COLLINS AVENUE - APT 12H Florida street address (P.O. Box NOT acceptable) SURFSIDE,FL, 33154 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. [7] further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	JOHN MARTINI	
	8855 COLLINS AVENUE APT, 12H	_
	SURFSIDE FL 33154	_
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\$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-