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SECRETARY OF STATE OF STATE OF COOPERATIONS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/15/2022	<u>= 09/15/2022 </u>		⇔WALK I			
TITY NAME 31st Street Bradenton LLC						
DOCUMENT NUMBER_	**PLEASE FILE THE ATTACHED AND RETURN** Plain Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing					
	PLEASE FILE THE ATTACHED AND RETURN					
xxxxx	Plain Copy					
	Certified Copy					
	Certificate of Status					
	, ,					
	APOSTILLE' / NO	TARIAL CERTIFICATION				
COUNTRY OF DESTINAT	TION					
NUMBER OF CERTIFICA	TES REQUESTED					
TOTAL OWED \$125		ACCOUNT #: 120160000072	>			
Plance call Time at t	ko, ahawo wumhon kan an	y issues or concerns. Thank you so	much!			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		reet Bradenton Ll			
(Must cont	ain the words "Limited Li	iability Company.	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal off	ice of the Limited	I Liability Company is:		
Principal Office Address:			Mailing Address:		
5030 Ivory Stone Drive		503	5030 Ivory Stone Drive		
Wimauma, Florida 33598		Win	Wimauma, Florida 33598		
The name and the Florida street address of the registered agent are: Yoseph C. Kotler Name				22 SEP 15 PM 3: 16	
	5030 Ivory Stone Drive Florida street address (P.O. Box NOT acceptable)				
	Wimauma	FL	33598		
	City	State	Zip		
		e of macres for th	e above stated limited liability compa	ny at the	
ace designated in this certificate, rther agree to comply with the pr	I hereby accept the apport rovisions of all statutes rel eligations of my position a: /s/ Y	intment as register ating to the prope s registered agent oseph C. Kotle	red agent and agree to act in this cape or and complete performance of my du as provided for in Chapter 605, F.S	icity. 1 ties, and l	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:**

/s/ Yoseph C. Kotler

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.

Yoseph C. Kotler

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)