L22000535596

(Re	equestor's Name)	
(Ad	idress)	
,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP		MAIL
	<u> </u>	
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	
Special Instructions to	Filing Officer:	
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S. CHATHAM DEC 28 MA

DIVISION OF COMPANY OF

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COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		Gulf Boulevard, LLC			
5005120	·	Name of Lim	ited Liabil	ity Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerning this ma	tter to the f	following:	
	Joseph R. Re	ollins			
			Name of	Person	
			Firm/Co	mpany	
	8006 West C	Gulf Boulevard			
			Addr	ess	
	Treasure Isla	and, Florida 33706			
	irollins@rolli	C nsfinancial.com	ity/State an	d Zip Code	
		E-mail address: (to be used	for future a	innual report notificati	on)
For further	information co	ncerning this matter, please	call:		
	Coy Pierce	67	78	336-7299	
	Nam			Daytime Telephon	e Number
Enclosed	is a check for the	ne following amount:			
	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al 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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/28/2022		
	Janelle I	Davis	_
Reference	#:186	7416	_
			F BOULEVARD, LLC
✓ Artic	eles of Incorporation	on/Authorization	to Transact Business
Ame	endment		
Cha	nge of Agent		
☐ Rein	statement		
Con	version		
☐ Mer	ger		
☐ Diss	olution/Withdrawa	al	
☐ Fiction	tious Name		
☐ Othe	er		
Authorized	Amount:	\$125.00	
Signature:	Janell	le Davis	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must		.	<u></u>
	contain the words "Limited L	iability Company, "l	L.L.C" or "LLC.")
E II - Address: ng address and str	reet address of the principal of	fice of the Limited L	iability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
8006 West Gult	Boulevard	8006	West Gulf Boulevard
		71	ire Island, Florida 33706
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, &	& Registered Agent Registered Agent. Yo	
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, & pany cannot serve as its own I h an active Florida registration	& Registered Agent Registered Agent. Yo	's Signature:
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, & ipany cannot serve as its own be an active Florida registration treet address of the registered	& Registered Agent Registered Agent. Yo	's Signature:
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, & ipany cannot serve as its own be an active Florida registration treet address of the registered	& Registered Agent Registered Agent. You n.) agent are:	's Signature:
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, & spany cannot serve as its own I han active Florida registration treet address of the registered Harry P. Teichman	& Registered Agent Registered Agent. You n.) agent are: Name	's Signature: ou must designate an individual
Treasure Island E III - Registered Liability Concusiness entity with	d Agent, Registered Office, & spany cannot serve as its own I han active Florida registration treet address of the registered. Harry P. Teichman 3111 W. DeLeon Unit	& Registered Agent Registered Agent. You n.) agent are: Name	's Signature: ou must designate an individual

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AM</u> BR	Joseph R. Rollins
	Joseph R. Rollins 8006 West Gulf Boulevard
	Treasure Island, Florida 33706
	8
	3: 00
	0
(Use attachment if necessary)	0
C. N. C. C. C. Lee C. C. all an about the sleep	(OPTIONAL)
	e of filing:
ective date is listed, the date must be sp of filing.)	pectuc and cannot be more than live business days prior to or 90 da
	meet the applicable statutory filing requirements, this date will not be
ment's effective date on the Department	
•	
E VI: Other provisions, if any.	

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.

Harry Teichman, Esq.

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)