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(Requestor's Name)
(Address)
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(on) state in the
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 341124 8365104 AUTHORIZATION : COST LIMIT ORDER DATE: January 10, 2023 ORDER TIME: 2:29 PM ORDER NO. : 341124-005 CUSTOMER NO: 8365104 ______ DOMESTIC FILING NAME: 13510 THONOTOSASSA, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX __ ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

COVER LETTER

то:	New Filing Secti Division of Corp				
SUBJE	:ст: <u>13510 Т</u>	honotosassa, LLC Name of Lin	nited Liab	vility Company	
The end	closed Articles of C	organization and fee(s) are	submitte	ed for tiling.	
Please i	return all correspon	dence concerning this ma	tter to the	e following:	
	Kelly Cruz				
			Name (of Person	
	13510 Thor	otosassa, LLC			
			Firm/0	Сотралу	
	411 Walker	Street			
			Ad	dress	
	Watsonville	e, CA 95076			
			ty/State a	and Zip Code	_
	kelly.cruz@b				
	E-	mail address: (to be used	for future	annual report notificati	ion)
or furth	er information cond	erning this matter, please	call:		
	Kelly Cruz	at (_94	19	₎ 899-2819	
	Name	of Person Ar	ea Code	Daytime Telephon	e Number
Enclose	ed is a check for the	following amount:			
⊠\$ 125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy (nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Address		Street Address	
New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee		
	P.O. Box	c 6327		2415 N. Monroe Stre	et, Suite 810
Tallahassee, FL 32314			Tallahassee FL 3230	3	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13510 Thonotosassa, LLC			
(Must conatin the v	vords "Limited L	iability Company,	"L.L.C.," or "LLC.")
LE II - Address:			
ling address and street address of	f the principal of	Tice of the Limited	Liability Company is:
Principal Office	e Address:		Mailing Address:
411 Walker Street		4111	Walker Street
Watsonville, CA 95076		Wats	onville, CA 95076
nited Liability Company cannot s	serve as its own	Registered Agent.	nt's Signature: You must designate an individual o
nited Liability Company cannot s business entity with an active Flo	serve as its own orida registration	Registered Agent. ' 1.)	
mited Liability Company cannot s business entity with an active Flo me and the Florida street address of	serve as its own orida registration	Registered Agent. ' 1.) agent are:	
mited Liability Company cannot so business entity with an active Flo me and the Florida street address of	serve as its own orida registration of the registered	Registered Agent. ' 1.) agent are:	
business entity with an active Florida street address one and the Florida street address one Corpo	serve as its own orida registration of the registered	Registered Agent. agent are: Company	
mited Liability Company cannot so business entity with an active Flore and the Flore and street address of Corporate August 1201	serve as its own orida registration of the registered oration Service (Registered Agent. agent are: Company	You must designate an individual or
mited Liability Company cannot sobusiness entity with an active Flore and the Florida street address of Corporation (Corporation) (Corporation	serve as its own orida registration of the registered oration Service (Registered Agent. 1.) agent are: Company Name	You must designate an individual or

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..

Corporation Service Company

By

Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

_	l'itle:		Name and Address:	
	'AMBR" = Authorized N	lember		
	'MGR" = Manager			
	AMBR	-	Berkshire Investments, LLC	
		-	411 Walker Street	1.
		-	Watsonville, CA 95076	
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the date of Note: If t	f filing.)	lock does not meet	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not rate's records.	
ARTICLE	EVI: Other provisions, if	any.		
				
	This doct I am awar constitute	Brad kilu nature of a membe iment is executed in that any false info s a third degree felo dley Hileman, President	malk. The or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. of Berkshire Investments, LLC	
		Ту	ped 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)