

123000248846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

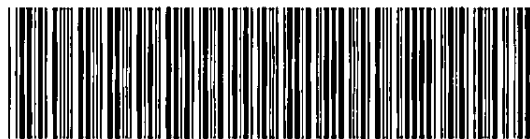
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500408987235

FILED

23 MAR 19 PM 4:38

SECRETARY OF STATE
FALLMANSVILLE, OHIO



2023 MAY 19 AM 10:16

Office of Education

15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/19/2023

ENTITY NAME Splash 1707 E LLC

****WALK IN****

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

23 MAR 19 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E R M

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Splash 1707 E LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Abdelaziz Dhrif
Name of Person
Splash 1707 E LLC
Firm/Company
1970 Willshire Glen,
Address
Alpharetta, GA 30009
City/State and Zip Code
azizd25@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina Vega 800 567-4397
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

23 MAR 19 PM 4:38
RECEIVED
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Splash 1707 E 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:

17729 Front Beach Rd Unit 1707E
Panama City Beach, FL 32413

Mailing Address:

1970 Willshire Glen
Alpharetta, GA 30009

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:

URS AGENTS, LLC

Name

3458 Lakeshore Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32312

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. I 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.



Georgina Vega, Asst. Secretary

Registered Agent's Signature (REQUIRED)

23 MAR 19 PM 4:38
SECRETARY
TALLAHASSEE

FILED

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Abdelaziz Dhrif
1970 Wilshire GLN
Alpharetta GA 30009

Hasnae Dhrif
1970 Wilshire GLN
Alpharetta GA 30009

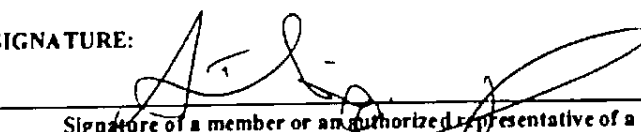
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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:



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.

Abdelaziz Dhrif

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)

2 MAR 19 PM 4:38
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED