

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000202695 3)))

Fax Audit No. H23000202695 3



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Services

Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19990000199 Phone : (850)681-6810 Fax Number : (850)681-9792

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: regagent@capitolservices.com

FLORIDA LIMITED LIABILITY CO.

Sawgrass 77 LLC

	38	- 발굴()
)	ä	75.55 75 75 75 75 75 75 75 75 75 75 75 75 7
•	A.	COPCRATIONS OFFICIAL COPPERION
į	-5	
		1
	•	12.
	023	; ·

Certificate of Status	Ü
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

- Fax Audit No. H23000202695 3

COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT	SAWGRASS 77 LLC	
50%0101		imited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing
Please retur	n all correspondence concerning this r	matter to the following:
		Name of Person
	Capitol Services - Corpora	
		Firm/Company
	515 East Park Avenue 2nd	
		Address
	Tallahassee, FL 32301	City/State and Zip Code
	regagent@capitolser	•
_		ed for feture annual report notification)
For further in	formation concerning this matter, plea	use cali:
_	at (Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
∑ \$125,00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax Audit No. H23000202695 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SAWGRAS	S 77 LLC
(Must con	tain the words "Limited Liabilit	(Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of	the Limited Liability Company is:
Princig	onl Office Address:	Mailing Address:
872 West Ca	pe Estates Circle	872 West Cape Estates Circle
(The Limited Liability Compan	eut, Registered Office, & Reg y cannot serve as its own Regist	Stored Agent's Signature: ared Agent. You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	eut, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.)	stered Agent's Signature: cred Agent. You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	ent, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.) address of the registered agent	stered Agent's Signature: cred Agent. You must designate an individual or arc:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	eut, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.)	stered Agent's Signature: cred Agent. You must designate an individual or arc: ervices, Inc.
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	eut, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.) address of the registered agent Capitol Corporate S	stered Agent's Signature: cred Agent. You must designate an individual or aro: ervices, Inc.
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	ent, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.) address of the registered agent Capitol Corporate S	stered Agent's Signature: ered Agent. You must designate an individual or are: ervices, Inc. ervices and FI
ARTICLE III - Registered Ag (The Limited Liability Compan	gent, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.) address of the registered agent Capitol Corporate S Nam 515 East Park Aver	stered Agent's Signature: ered Agent. You must designate an individual or aro: ervices, Inc. e. ue 2nd Fl Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited Hability 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..

Mary Fink

Asst. Sec. on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN -5 PM 2: 2: SECRETARY OF STAI

Fax Audit No. H23000202695 3

Title: "AMBR" = Authorized Mem	Name and Address: ber
"MGR" – Meiniger MGR	Marcin Konrad Clohon 872 West Cape Estates Circle Cape Coral, FL 33993
MGR	Yoo Ran Cichon 872 West Cape Estates Circle Cape Coral, FL 33993
(Use attachment if necessary)	
T.E.V: Effective date, if other the feetive date is listed, the date of filing.) If the date inserted in this block	on the date of filing
T.E.V: Effective date, if other the factive date is listed, the date of filing.) If the date inserted in this block numeri's effective date on the E	onn the date of filing
T.E.V: Effective date, if other the factive date is listed, the date of filing.) If the date inserted in this block nument's effective date on the D	onn the date of filing
T.E.V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block nument's effective date on the E	onn the date of filing
T.E.V: Effective date, if other the flective date is listed, the date of filing.) If the date inserted in this block numerit's effective date on the EEEVI: Other provisions, if any	onn the date of filing
TLE V: Effective date, if other the feedive date is listed, the date of filing.) If the date inserted in this block nument's effective date on the EELE VI: Other provisions, if any Signat This document am ustice II	onn the date of filing

Filing Frea:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2023 JUN -5 PM 2: 23 SECKETARY OF STATE