

From: Conrad Willkomm

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10/11/23

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : I20200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

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2023 OCT 11 PM 2:30 2023 OCT 11 PM 3:33
RECEIVED
FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED
V. VED

FLORIDA LIMITED LIABILITY CO.

Sunset by the Seashore, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

T. MATTHEWS

OCT 12 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

Sunset by the Seashore, LLC
SUBJECT: 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:

Conrad Willkomm Esq.

Name of Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 Tamiami Trail N, 2nd Floor

Address

Naples, FL 34103

City/State and Zip Code

conrad@swfloridalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Goncharova, Esq.	239	262-5303
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 &
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Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee,
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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

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunset by the Seashore, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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FLORIDA STATE
TALLAHASSEE, FL**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4775 Cove Circle, Unit 904
Saint Petersburg, FL 33708Mailing Address:20446 Black Tree Lane
Estero, FL 33928**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:

Albert Altadonna

Name

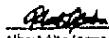
20446 Black Tree LaneFlorida street address (P.O. Box NOT acceptable)EsteroFL33928

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Albert Altadonna (Oct 11, 2023 12:57 EDT)

Registered Agent's Signature (REQUIRED)

(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

Name and Address:

Albert Altadonna
20446 Black Tree Lane
Estero, FL 33928

(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.

This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members or other manager(s).

REQUIRED SIGNATURE:

Albert Altadonna (Oct 11, 2023 12:57 CDT)

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.

Albert Altadonna

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)