L23000506684

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Decamendings)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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STANDA -8 WHIO: 15

2023 No. 1 Pri 5: 21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/08/2023			**WALK IN**
ENTITY NAME Run	way Villas, LLC		
DOCUMENT NUMB	ER		
	PLEASE FILE THE ATTACH	'ED AND RETURN	
xxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE FOLLOWING Certified Copy of Arts & Amendment Certified Copy of Arts & Amendment Certificate of Status Certificate of Status Reflecting:	's 's Complete File (Including Annual Rep.	orts)
	APOSTILLE' / NOTARIAL	CERTIFICATION	
COUNTRY OF DESTIN NUMBER OF CERTIFI		· · · · · · · · · · · · · · · · · · ·	_
TOTAL OWED \$ 125	5.00 AC	CCOUNT # 120160000072	~: L > W
Please call Tina at	t the above number for any issues	or concerns. Thank you so	mach!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<u> </u>			
	st contain the words "Limited	Liability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal c	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
260 South Osceola Ave, PH4		PO F	PO Box 68826	
Orlando, FL 3			Grand Rapids, MI 49516	
	Platinum Agent Sei			
	Platinum Agent Ser 155 Office Plaza Dr	rvices LLC Name		
	Platinum Agent Ser 155 Office Plaza Dr	rvices LLC Name	ceptable)	
	Platinum Agent Ser 155 Office Plaza Dr	rvices LLC Name	ceptable) 32301	
	Platinum Agent Ser 155 Office Plaza Dr Florida street addres	Name s (P.O. Box <u>NOT</u> ac	•	
lace designated in this cert orther agree to comply with	Platinum Agent Set 155 Office Plaza Dr Florida street addres Tallahassee City stered agent and to accept serve ificate, I hereby accept the app of the provisions of all statutes re-	rvices LLC Name Services CLC Name Services (P.O. Box NOT accept) F1. State Sta	32301	ipacity. 1 duties, and
lace designated in this cert wither agree to comply with	Platinum Agent Set 155 Office Plaza Dr Florida street addres Tallahassee City stered agent and to accept serve ificate, I hereby accept the app the provisions of all statutes rethe obligations of my position	rvices LLC Name Services CLC Name Services (P.O. Box NOT accept) F1. State Sta	32301 Zip Zip above stated limited liability come description and agree to act in this count complete performance of my supposed for in Chapter 605, F., man	ipacity. 1 duties, and

2123 N. - 11 5:27

ARTICLE IV-

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

Title: "AMBR" = Authorized i		same and Address:	
"MGR" = Manager <u>MGR</u>	PO Bo.	A. Vander Weide x 68826 Rapids, MI 49516	····
	·		
(Use attachment if neces			
RTICLE V: Effective date, if of f an effective date is listed, the one date of filing.)	ner than the date of filing: late must be specific and co	annot be more than five bus dicable statutory filing requis	(OPTIONAL) siness days prior to or 90 days after rements, this date will not be listed as
RTICLE VI: Other provisions, if the business and affairs of the lins provided for in Section 605.040	nited liability company are t		
<u>REOUIRED</u> SIGNATU	IRE: Wagn	. P. By	
This doc I am awa	ument is executed in according that any false information	authorized representative dance with section 605.0203 in submitted in a document to provided for in s.817.155, F.S	(1) (b), Florida Statutes. the Department of State
<u> </u>	/avne P. Bryan, Authorized Typed or	Agent 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)