

L 23 000 5 365 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

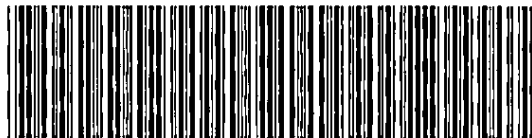
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Office Use Only



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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2008

Department of State
Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105
Tallahassee, FL. 32303
850-294-5632
Date- 12/4/2023

Stealth Courier Box

Requester: Azurede Ross
Company: Meridian Partners Law PA
Job# : 14999989

COVER LETTER

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

SUBJECT: Demisar 18311 US HWY41 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:

AZUREDE ROSS
Name of Person

MERIDIAN PARTNERS LAW P.A.
Firm/Company

4923 W. CYPRESS STREET
Address

TAMPA, FL 33607
City/State and Zip Code

TAMARA@DEMISAR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZUREDE ROSS at (813) 443-5260
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Demisar 18311 US HWY41 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:

3516 SADDLE BACK LANE
LUTZ, FL 33548

Mailing Address:

3516 SADDLE BACK LANE
LUTZ, FL 33548

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:

BRYAN W. SYKES, ESQ.

Name

4923 W. CYPRESS STREET

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

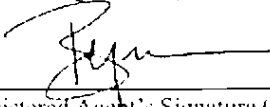
TAMPA, FL 33607

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

PAUL DEMIRDJIAN

3516 SADDLE BACK LANE

LUTZ, FL 33548

MGR

PRIMROSE DEMIRDJIAN

3516 SADDLE BACK LANE

LUTZ, FL 33548

MGR

ADAM CRANE

3516 SADDLE BACK LANE

LUTZ, FL 33548

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/01/2023 (OPTIONAL)

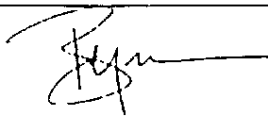
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ANY AND ALL LAWFUL BUSINESS

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.

BRYAN W. SYKES / AUTHORIZED REPRESENTATIVE

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)

2023