L24000057738

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





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COVER LETTER

TO:	New Filing Sec Division of Co						
end in	909 E Gor	rie Drive, LLC					
30000	T:Name of Limited Liability Company						
The enc	losed Articles of	Organization and	fee(s) are subn	nitted for filing.			
Please re	eturn all corresp	ondence concernin	g this matter to	the following:			
	Daniel Man	ausa					
			Nai	ne of Person	<u> </u>		
	Manausa, Sl	haw & Minacci, P/	Λ.				
			Fir	m/Company			
	1701 Hermi	tage Blvd, Suite 10	00				
		-		Address			
	Tallahassee.	FL 32308					
	danny@mana	wealaw com	City/St	ate and Zip Code			
			be used for fu	ture annual report notifica	ition)		
For furthe	er information co	oncerning this matte	er, please call:				
	Katie Rac		850 at (597-7616			
	Nan	ne of Person		ode Daytime Telepho	ne Number		
Enclose	d is a check for t	the following amou	int:				
	.00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee & — [tatus — C	□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	Mailing Address New Filing Section Division of Corporations		·	Street Address New Filing Section I The Centre of Talla	hassee		
P.O. Box 6327 Tallahassee, Ft. 32314				2415 N. Monroe Street, Suite 810 Tallahussee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

909 E Gorrie (Mr	Drive, ELC ust contain the words "Limited I	Liability Company, "I		
(,-1	No contain the words 12mmee	isintening exampling, a	3.13, C. C. 3.17 13.750 7	
ARTICLE II - Address: The mailing address and	: street address of the principal o	ffice of the Limited 1.	iability Company is:	
<u> </u>	Principal Office Address:		Mailing Address:	
909 E Gorrie	Drive	909 E	Gorrie Drive	
St. George Isl	and, FL 32328	St. Ger	orge Island, FL 32328	
(The Limited Liability Co another business entity w	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registered	Registered Agent. Yo on.)	ou must designate an individual or	2021 FEB -
				· · · ·
	Daniel Manausa			
	Daniel Manausa	Name		PH
	Daniel Manausa 1701 Hermitage Blvd			P 1
	1701 Hermitage Blvd		eptable)	PH
	1701 Hermitage Blvd	d, Suite 100	eptable) 32308	PH

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)

ARTICLE IV-

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

	Title:	Name and Address:
	"AMBR" = Authorized M "MGR" = Manager	mber
	_	
	MGR	Brandon Seagle 909 E Gorrie Drive
		909 E Gorrie Drive St. George Island, FI 32328
		
,		
f an ie da Sote:	effective date is listed, the di ite of filing.) If the date inserted in this b	r than the date of filing:
RTI	CLE VI: Other provisions, if	ny.
	REQUIRED SIGNATU	E:
	i	
	This doct I am awar	ture of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
	13	S.J.E. Managea
	178	Typed or printed name of signee
		-1

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)