2/28/2024 07 29:05 PSF

To: 18506176383

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Fax: 8134365206

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. SAANTOS HOME LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name;

The name of the Limited Liability Company is:

SAANTOS HOME 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:

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1757163	CIDS	11 I H	 ldress.

Mailing Address:

7901 4th St N STE 300

STE 300 St. Petersburg, FL 33702

7901 4th St N

St. Petersburg, FL 33702

-

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:

Registered Agents Inc
Name

7901 4th St N STE 300

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

 St. Petersburg
 FL
 33702

 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. Thereby 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)

2/28/2024 07.29 05 PST . . . To 18506176383 Page: 3/3 Fax: 8134365206

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

Jse attachment if necessary) V: Effective date, if other than the date of filing:		
Typed or printed name of signee Typed or printed name of signee Robin Jones Typed or printed name of signee Filing Exes; Typed or printed name of signee Figure 1, 337012 Santos Monroy, Victo: Hugo 7901 4th St N STE 300 St. Prescribug, Ft. 337012 Santos Monroy, Victo: Hugo 7901 4th St N STE 300 St. Prescribug, Ft. 337012 Santos Monroy, Victo: Hugo 7901 4th St N STE 300 St. Prescribug, Ft. 337012 (OPTIONAL) tive date it listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not ent's effective date on the Department of State's records VI: Other provisions, if any. EQUIRED 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. Lam aware that any false an Information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Robin Jones Typed or printed name of signee Filling Exes:	MGR" = Manager	
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