# LIYUUTISYO

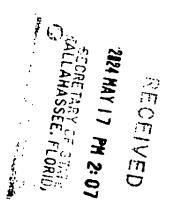
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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/17/2024

NAME: 375 TURNER 2, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:	New Filing Seconds of Co						
SUBJE	375 Turne	r 2. LLC					
.,0 ,,,		Name of Li	mited Liabil	ity Company	-	_	
The end	closed Articles of	Organization and fee(s) a	ire submittec	I for filing.			
Please	return all corresp	ondence concerning this ir	natter to the	following:			
	Ricky Huff						
			Name of	Person			
	Brown Huft	Zohar					
			Firm/Co	ompany	<del></del>		
	1480 Beltre	es St., Ste 7					
	<del></del>		Addr	ess	<u> </u>		
	Dunedin, FI	. 34698					
			City/State an	d Zip Code	_		
	ricky@bhzla		<u> </u>				
		E-mail address: (to be use	d for future a	innual report notifica	tion)		
For furth	er information co	ncerning this matter, pleas	se call:				
	Ricky Huff	at (	727	214-1179		20 	٠.
	Nam			Daytime Telephor	ne Number	<b>24 円</b> 売口	العليب
Enclose	ed is a check for t	he following amount:				2024 HAY 17	
<b>■</b> \$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificat Certified	0 Filing Fee	

#### 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 1 - Name: The name of the Limited Liabil	lity Company is:				
375 Turner 2, LLC					
(Must cor	ntain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal of	office of the Limi	ted Liability Company is:		
<u>Princi</u>	Principal Office Address:		Mailing Address: 404 Edgewood Ave		
404 Edgewood Avo					
Clearwater, FL 337			Clearwater, FL 33755		
(The Limited Liability Compan another business entity with an			n. 100 mast designate an me	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The name and the Florida stree	t address of the registere	d agent are:			
	Ricky Huff				
		Name			
	1480 Beltrees St., St	te 7			
	Florida street addres	ss (P.O. Box <u><b>NO</b></u>	[ acceptable)		
	Dunedin	FL	34698		
	City	State	Zip		
laving been named as registered place designated in this certificate arther agree to comply with the p am familiar with and accept the o	e, I hereby accept the apporovisions of all statutes robligations of my position	pointment as regis relating to the pro as registered age	tered agent and agree to act i per and complete performanc	in this capacity. Let e of my duties, and I	
		(CONTINUE	D)	5	

#### ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = I	Authorized Member		
MGR - 1	vianagei	Minkoff Holdings, LTD	
WOK	<del></del>	404 Edgewood Ave.	<del></del>
		Clearwater, FL 33755	
-			
		·	<u> </u>
	<del></del>		
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	<del></del>		
n effective date date of filing.)	is listed, the date must be s	te of filing:  pecific and cannot be more than five but  meet the applicable statutory filing requi	siness days prior to or 90 days after trements, this date will not be listed:
document's effe	ctive date on the Departmen	it of State's records.	7). <b>124</b>
CICLE VI. Otho	namidae itani		D24 MAY
	r provisions, if any.		
	· · · · · · · · · · · · · · · · · · ·		>
			M 9: 4:
REQUIRE	<u>D</u> SIGNATURE:		
		4	- H
	This document is exec I am aware that any fal	nember or an authorized representative uted in accordance with section 605.0203 se information submitted in a document to ee felony as provided for in s.817.155, F.	(1) (b), Florida Statutes.  the Department of State
	_		
	Ricky Huff, A/I	Typed or printed name of signee	
		ryped or printed name or 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)