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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJE		inberry Blvd, North Port, Fl	L, LLC		
SOBJE	C1.	Name of Lim	ited Liabili	ty Company	
The enc	losed Articles of	Organization and fee(s) are	submitted	for filing.	
Please r	eturn all corresp	ondence concerning this ma	tter to the fo	ollowing:	
	Yaroslav V.	Voytukhov			
			Name of	Person	
			Firm/Cor	npany	
	3861 Ulmar	Avenue			
			Addre	288	
	North Port,	Florida 34286			
		Ci	ty/State and	I Zip Code	
		E-mail address: (to be used	for future a	nnual report notificati	on)
For furthe	er information co	ncerning this matter, please	call:		
	Yaroslav V.		941	204-3825	
	Nan		ea Code	Daytime Telephon	
Enclose	d is a check for t	he following amount:			
≣\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	i.00 Filing Fee & ed Copy el copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Company is:			
1743 S Cranberry Blvg				
(Must contain	in the words "Limited	Liability Company, "	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal (office of the Limited L	iability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addres	<u>s</u> :
3861 Ulman Ayenue			Ulman Avenue	
North Port, FL 34286	North Port, FL 34286		Port, FL 34286	
	Yaroslav V. Voytuk 3861 Ulman Avenue	Name		
	Florida street address (P.O. Box NOT acceptable		eptable)	
	North Port	Florida	34286	
	City	State	Zip	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Yaroslav V. Vovtukhov
	3861 Ulman Ave
	North Port, FL 34286
AMBR	Svetlana A. Vovtukhov
	3861 Ulman Ave
	North Port, FL 34286
<u></u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
(If an effective date is listed, the date must b	e specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Departm	nent of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, it any.	/ ;
	(/////) //
<u>REOUIRED</u> SIGNATURE:	
Signature of	a member or an authorized representative of a member.
This document is ex	recuted in accordance with section 605.0203 (1) (b). Florida Statutes.
	false information submitted in a document to the Department of State

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.

Yaroslav V. Voytukhov

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)

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SECRE LABY OF STATE