## 472276

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

Office Use Only





## **COVER LETTER**

TO: New Filing Section Division of Corpor			
SUBJECT: <u>614</u>	Bevenly Name of Limi	Dr LLC ited Liability Company	
The enclosed Articles of Org	anization and fee(s) are	submitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
	Vavier -	Thompson Name of Person	2074 (
61	4 Beverly	Dr LL C J Firm/Company	2074 OCT - 7
		Address	
Bra Zavie	ndon, racion	FL 3351 ty/State and Zip Code Cap; fal. com for future annual report notification	D
For further information concer		·	,
Name of	Thompson at ( 9 Person Are	954 ) 553 - 116 ea Code Daytime Telephone	S Number
Enclosed is a check for the fo	ollowing amount:		,
	IS130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	[25160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	Section f Corporations 327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee et, Suite 810
i ananasse	e, FL 32314	Tallahassee, FL 32303	,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Beverly	Dr LL	<u> </u>		
(Must contain	n the words "Limited Lia	bility Company, "L	.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	e of the Limited Li	ability Company is:		
<u>Principa</u>	Office Address:		Mailing Address:		
614 Beverly dr Brandon, FL			1614 Beverly Brandon, Fl	٧ ہے ـ	
<u>335</u>	10		33510	<del></del>	2
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac The name and the Florida street ac	annot serve as its own Re tive Florida registration.)	gistered Agent. Yo		lual or	2024 C.S.T 7 F.1 O: 1:7
	32025		Mabry Huy	īń	<u>.                                     </u>
	Florida street address (I		eptable)		
	Tampa City	FL State	33629		
	City	State	Zip		
Having been named as registered ay place designated in this certificate. I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoin visions of all statutes rela	tment as registered ting to the proper as	agent and agree to act in th ad complete performance of	is capacity. I my duties, and	

(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 Member	
"MGR" = Manager	
MGR	Masani Capital LLC
	3202 5 dale mabry Hwy Tampa, FL 33629
	19194, 12 33627
AMBR	1 - 0 a a
_AMBR	Jeremy McLochlin
	Brander, FL 33510
A-MBR	Chelsi McLocalin 3
717 1107-	614 Beverly de
	Brandon, FL 33510.
	<del></del> 1
	1,3
	1100
	1 - 1
(Use attachment if necessary)	
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
the document setteetive date on the trepartmen	in of State S records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
REVERED SIGNATORE.	/ - /handen
Signature of a r	member or an authorized representative of a member.
This document is exec	ruted in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any fal	lse information submitted in a document to the Department of State
constitutes a third degi	ree felony as provided for in s.817.155, F.S.
	Xwise Thompson
<del></del>	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)