Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I20040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. [7]

Email Address:

Ш

FLORIDA LIMITED LIABILITY CO. SANTOSHA, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$125.00		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Santosha, LLC		
(Must e	nd with the words "Limited Liab	oility Company, "L. L. C.," or "L.LC.")
FICLE II - Address: mailing address and stree	rt address of the principal office	of the Limited Liability Company is:
<u>Prin</u>	cipal Office Address:	Mailing Address:
9839 Halston Manor		
9839 Halston Mar	nor	9839 Halston Manor
9839 Halston Ma Boymon Beach, F		9839 Halston Manor Boymon Beach, FL 33473
Boymon Beach, F TICLE III - Registered e Limited Liability Comp ther business entity with	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.)	Boymon Beach, FL 33473 egistered Agent's Signature: istered Agent. You must designate an individual o
Boymon Beach, F TICLE III - Registered e Limited Liability Comp ther business entity with	Agent, Registered Office, & R	Boymon Beach, FL 33473 egistered Agent's Signature: istered Agent. You must designate an individual o

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, ir S.

State

Hoymon Beach

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

2024 DEC 12 PM 2: 59
SECRETAL OF STATE

	<u>le:</u> MBR" = Authorized	Mambac	Name and Address:
	GR" Manager	vienoe:	
	MBR		Linda Brandt
			9839 Halston Manor
			Boynton Beach, FL 33473
41	MBR		Stephanie Herman
			431 Pinetree Drive Circle
			Miami Beach, Florida 33141
ARTICLE V (If an effecti the date of f <u>Note:</u> If the	ive date is listed, the Tling.) e date inserted in this	ther than the date of filli date must be specific:	ng:
	VI: Other provisions.		
RI	EOUIRED SIGNAT	TIRE:	Brandt
RI	S This do Lam ay	rignature of a member ocument is executed in ware that any false infor	or an authorized representative of a member, accordance with section 605,0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in \$.817.155, F.S.
RI	S This do I am av constitu	rignature of a member ocument is executed in ware that any false infor	or an authorized representative of a member, accordance with section 605,0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State

Page 2 of 2

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)