### **Division of Corporations** Electronic Filing Cover Sheet

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.

(((H24000421739 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OF

Account Number : I19990000148

: (813)769-7692

Fax Number

: (813)223-6121

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

Email	Address:			
FWall	Address:			

#### FLORIDA LIMITED LIABILITY CO.

### Summer Enterprises LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	02		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H24000421739 3

# ARTICLES OF ORGANIZATION OF SUMMER ENTERPRISES LLC

The undersigned, acting as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

### ARTICLE I Name

The name of the limited liability company is Summer Enterprises LLC.

## ARTICLE II Principal Office and Mailing Address

The principal office address and the mailing address of the Company is 5590 NW Pine Trail Circle, Port Saint Lucie, FL 34983.

# ARTICLE III Initial Registered Agent and Office

The street address of the initial registered office of the Company is 5590 NW Pine Trail Circle, Port Saint Lucie, FL 34983, and the name of its initial registered agent at that address is Shardae Tripp.

### ARTICLE IV Management

The Company shall be manager-managed.

### ARTICLE V Effective Date

The effective date of filing of these Articles of Organization shall be January 1, 2025.

Dated this 26th day of December, 2024.

By: Dr. Shardae tripp

Name: Dr. Shardae Tripp

Title: Authorized Representative

Fax Audit No. H24000421739 3

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for Summer Enterprises LLC, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 26th day of December, 2024.

REGISTERED AGENT:

By: Dr. Shardae Tripp

Name: Dr. Shardae Tripp