TOCOCO TI

(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	.]

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	iew Filing Se Division of Co						
SUBJECT	Red Door	Loft LLC					
JUDILO	•	Name of	Limited	Liabili	y Compan	y	· Millianne obtavi se 4-
The enclos	sed Anicles o	of Organization and fee(s) are sub	mitted	for filing.		
Please retu	ım all corresp	pondence concerning this	natter	to the fo	ollowing:		
	Courtney M Dunn						
			N:	ame of	Person		
							
			Fi	irπ√Coı	npany		
	1615 E 5th	Ave Unit 2					
				Addre	ss		
	Гатра				F	L	33605
	codunn@	hotmail.com	City/S	tate and	Zip Code		
		E-mail address: (to be u	sed for f	uture ar	inual repor	t notificat	ion)
For further i	nformation c	oncerning this matter, ple	ease call	:			
	Courtney	M. Dunn at	, 727		946-0	172	
		ne of Person	Area C	ođe	Daytime	Telephor	ne Number
Enclosed in	s a check for	the following amount:					
) Filing Fee	ZI\$130.00 Filing Fee Certificate of Status		Certifie	.00 Filing id Copy I copy is er		☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	no Arldross			troot Add	1741 L	

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 Liability Company is:

Red	Door	Loft	HC
1100		LOIL	

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is.

Principal	Office Address:	<u>Mading Address</u> :		
7901 4th St N		7901 4th St N		
STE 300		STE 300	<u> </u>	
St. Petersburg	FL 33702	St. Petersburg	FL 33702	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Northwest Registered Agent LLC			
	Name		
7901 4th St N		STE 300	
Florida street addres	ss (P.O. Box N 0	OT acceptable)	
St. Petersburg	FL	33702	
City	State	Zip	

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, I hereby 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 ditties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Courtney M. Dunn	
7,701	7901 4th St N, STE 300	-
	St Petersburg Fl 33702	-
		-
		-
		_
		_
		<i>-</i> -
		_
(II an effective date is listed, the date must be s _l the date of filing.)	e of filing: 1/1/2024 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not t of State's records.	•
ARTICLE VI: Other provisions, if any.		
	Aug Male	
I am aware that any fals	ated in accordance with section 605,0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817,155, F.S.	
Courtney M	Dunn	· .; · .;
· -	Typed or printed name of signee	<u> </u>
	- Phon or bringer anne or or fine	宫 五

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)