

L25000008313

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H25000002232 3)))



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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
2614 Sarasota LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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January 6, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI 5

SUBJECT: 2614 SARASOTA LLC
REF: W25000001602

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: H25000002232
Letter Number: 625A00000351

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2614 Sarasota LLC

(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:

Mailing Address:

2614 Midnight Pearl Dr, Sarasota, FL 34240

2614 Midnight Pearl Dr, Sarasota FL 34240

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:

Malgorzata Hogendorf

Name

2614 Midnight Pearl Dr,

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

Florida

34240

City

State

Zip

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

/s/Malgorzata Hogendorf

Registered Agent's Signature (REQUIRED)

(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

AMBR _____

Malgorzata Hogendorf _____

58-46 77th Pl, Middle Village NY 11379 _____

AMBR _____

Pawel Hogendorf _____

58-46 77th Pl, Middle Village NY 11379 _____

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Upon Filing . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/Malgorzata Hogendorf _____

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Malgorzata Hogendorf _____

Typed or printed name of signer

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)