OCCU 284165

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DATE:

01/21/2025

NAME: OFF MARKET TEAM LLC

TYPE OF FILING: ARTICLES

COST:

125.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew Filing Section division of Corporations	
SUBJECT	Off Market Team LLC	
SUBJEC	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	202
Please rett	irn all correspondence concerning this matter to the following:	5 (1)
		1925 J.W.21 I.M. 9:4
	Name of Person	
	Off Market Team LLC	4.6
	Firm/Company	
	2701 W Busch Blvd.	
	Address	
	Tampa, FL 33618	
	City/State and Zip Code info@propertiesonthebay.com	
	E-mail address: (to be used for future annual report notification)	
For further	nformation concerning this matter, please call:	
	Kyle A. Delgado, Esq. 727 417-4678	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
■\$125.00	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	0.00 Filing Fee, icate of Status & ied Copy nal copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 8Tallahassee, Fl. 32314Tallahassee, Fl. 32303	10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

·	LC tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Ad	<u> dress</u> : 202
270] W Busch Blyd	<u> </u>		l W Busch Blvd.	
Tampa, FL 33618		Tanı	pa, FL 33618	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration	a.) agent are:	You must designate an	individual or 9:
	OLICHUL CDECT			
	911 S HILLCREST A Florida street address		cceptable)	
	CLEARWATER	FL	33756	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the param familiar with and accept the ol	. I hereby accept the apporovisions of all statutes resoligations of my position a	intment as registere ating to the proper	ed agent and agree to a cand complete performe as provided for in Chap	et in this capacity. I ance of my duties, and I

(CONTINUED)

ARTICLE IV	Α	(RT	IC	LE	11	1
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The name and address of each person authorized to manage and control the Limited Liability Company:

MGR = Manager MGR **BIAZOR SOLUTIONS LLC 31461 Woodland Race Loop Tampa, FL 33618. **MGR **PROPERTIES ON THE BAY LLC 1608 W Knollwood St. Tampa, FL 33604 **COTO (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	31461 Woodland Race Loop
MGR PROPERTIES ON THE BAY LLC 1608 W Knollwood St. Tampa, FL 33604 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	31461 Woodland Race Loop
MGR PROPERTIES ON THE BAY LLC 1608 W Knollwood St. Tampa, FL 33604 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unent's effective date on the Department of State's records.	Tampa, FL 33618
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	PROPERTIES ON THE BAY LLC
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	1608 W Knollwood St.
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Tampa, Pt. 55004
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	()-
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	\sim
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	; i. 45
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	_ •
LE V: Effective date, if other than the date of filing:	, 1
LE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not
REQUIRED SIGNATURE: Timede por Supred by	Signed by
Enrique Bello Alejandro Santamaria llaborra	alejandro Santamaria Uabona
Guique Bello Aleyandro Sanfamaria llabona Signature of a member or an authorized representative of a member.	mber or an authorized representative of a member.
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.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.
Grique Bello Alyandro Sandamaria llabona Signature of a member or an authorized representative of a member.	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State.

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)