L25000058907

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COVER LETTER

	ew Filing Sect Pivision of Cor						
SUBJECT	SR 52 OP#	5 LLC					
SUBJECT	ı; <u> </u>	Name	of Limited Lia	bility Company			
The enclos	sed Articles of	Organization and fe	e(s) are submit	ted for filing.			
Please retu	ım all correspo	ndence concerning	this matter to th	ne following:			
	Kenneth I. N	Morin					
			Name	of Person			
	Morin Devel	opment: LLC					2025 F
			Firm	'Company		<u>.</u>	<u>E</u>
	4923 W. Cy	oress St.					2
			A	ddress		[5	E
	Tampa, FL 3	3607				FATE	9: 47
			City/State	and Zip Code			_
	ken@t.ampag	lobal.com -					
	E	-mail address: (to l	e used for futu	re annual report notificat	tion)		
For further	information co	ncerning this matter	, please call:				
	Kennet.h I. M	forin	813 _at (5054036)			
	Nam	e of Person	Area Cod	e Daytime Telephor	ne Number		
Enclosed	is a check for t	ne following amoun	t:				
≣\$125.0	O Filing Fee	□\$130.00 Filing Certificate of Sta	itus Ce	\$155.00 Filing Fee & raified Copy ional copy is enclosed)	□\$160.00 Certificate Certified Co (additional co	of Status & opy	Ė
	New F Divisio	g Address iling Section on of Corporations ox 6327		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre	nassee		
		assee, FL 32314		Tallahassee, FL 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SR 52 OP# 5 L1	.c					
(Must	contain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and str	cet address of the principal	office of the Lin	nited Liability Company is:			
Principal Office Address:			Mailing Addi	ress:		
4923 W. Cypres	s St., Tampa, FL 33607		4923 W. Cypress St., Tampa,	,FL 33607 . >		
ARTICLE III - Registeres (The Limited Liability Com another business entity with	pany cannot serve as its ow	n Registered Ag	Agent's Signature: ent. You must designate an im	mang.		
The name and the Florida st	reet address of the registers	ed agent are:				
	David Hendrix, Esc	<u> </u>		9: 47 Wie		
		Name				
401 E. Jackson St., Suite 3400						
	Florida street addre	ss (P.O. Box N	OT acceptable)			
	Tampa	FL_	33602			
	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 cupacity. 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Morin Development LLC 4923 W. Cypress St., Tampa, FL 33607
	
(Use attachment if necessary)	79. 5 . 6 . 6 .
he date of filing.)	filing: 02/10/2025 (OPTIONAL) (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any. Any and all lawful business	
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
Kenneth I. Morin	Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

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

ARTICLE IV-