Division of Corpus 3 00000023583

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

6040-20th St. LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

63-23583 OX

UIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Add	iress:		
The mailing address	and street address o	f the principal office of the Limited Liability Compa	any is:
Principal Office Ad	ldress:	Mailing Address:	
75-933 Hiona Str	eet	75-933 Hiona Street	
Holusioa, Hawaii		Holualoa, Hawaii 96725	
		istered Office, & Registered Agent's Signature: of the registered agent are: System Name	RETARY OF STATE AHASSEE, FLORIDA
	1200 Pine Island I	Roed	Sni
•	Florida street adda	ress (P.O. Box <u>NOT</u> acceptable)	
•			
•••	Plantation.	FL 33324 State, and 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

History As The Vernature
Assistant Secretary

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager

MGRM	Michael J. Tansey, as Trustee of the Michael J. Tansey Trust dated October 17, 1989
	75-933 Hiona Street Holualoa, Hawaii 96725
	±
•	

(Use attachment if necessary)

"MGRM" = Managing Member

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hermon A. Brown
Typed or printed name of signee

Filing Foca:
\$100.00 Filing Foc for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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