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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813)225-1040
Fax Number : (813)221-3135

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 25 AM 10:32

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

3625 Little Road, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3625 Little Road, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC.")

ARTICLE II - Address:

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

Principal Office Address:

5115 Lake Le Clare Road
Lutz, FL 33558

Mailing Address:

5115 Lake Le Clare Road
Lutz, FL 33558

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:

Tom F. Brown, Sr.
Name

5115 Lake Le Clare Road
Florida street address (P.O. Box NOT acceptable)

Lutz, FL 33558 FL
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

X Tom F. Brown Sr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H06000177253

H060001772453


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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
<u>MGR</u>	<u>Tom F. Brown, Sr.</u>
	<u>5115 Lake Le Clair Road</u>
	<u>Lutz, FL 33558</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of 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.)

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.)
Tom F. Brown, Sr.

 Typed or printed name of signor

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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)

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