

L13000092071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000144854 3)))



H130001448543ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

63449

RECEIVED

13 JUN 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ST. PAUL'S, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

13 JUN 26 AM 7:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H13000144854

3

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 26 AM 7:11

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

ST. PAUL'S, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

5143 COMMERCIAL WAY
SPRING HILL, FLORIDA 34606

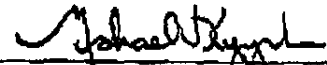
ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

MICHAEL J. KIERZYNSKI
5143 COMMERCIAL WAY
SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: 6/25/13


MICHAEL J. KIERZYNSKI

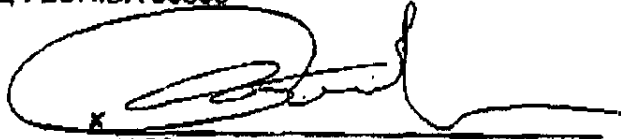
H13000144854

H13000144854

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: NARESH P. MENEZES
5118 RUE VENDOME
LUTZ, FLORIDA 33558

DATED: 6/13/13 
NARESH P. MENEZES

IN ACCORDANCE WITH SECTION 808.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 26 AM 7:11

H13000144854