## 44986100011

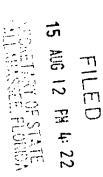
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	<u> </u>	
(В	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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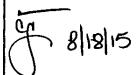
Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations				
eup iez	Fletcher & 23rd, LLC				
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this matter to the following:				
	Michael J. Leeds				
	Name of Person				
	Shagbark Properties, LLC				
	Firm/Company				
	611 W Bay Street Suite C				
	Address				
	Tampa, Fl. 33606				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
2 1	•				
or further	information concerning this matter, please call:				
	Mark Miller 813 7863999				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:				
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
	Mailing Address Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 NUG 12 PM 4: 72

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Lia	bility Company is:			15 AUG 12 PN 4: 22
Fletcher & 23rd,	LLC			TORETARY OF STATE ALEST ASSEE, FLORIDA
	end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")			ALLAMASSEE, FLORIDA
ARTICLE II - Address: The mailing address and stre	et address of the principal c	office of the Limited	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Add	<u>lress</u> :
<del></del>			W Bay Street - Suite C	
Tampa, Fl. 33600	6	Tan	npa, Fl. 33606	
The name and the Florida str	eet address of the registered  Mark E. Miller	d agent are:		
Name				
	611 W Bay Street - 5	Suite A		
	ss (P.O. Box <b>NOT</b> a	cceptable)		
	Tampa	Fl	33606	
	City	State	Zip	
Having been named as register place designated in this certific further agree to comply with th	•			·

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MICHAEL J. LEEDS
	611 W Bay Street - Suite C
	TAMPA, FL. 33606
MGR	MARK E. MILLER
	611 W Bay Street - Suite A
	TAMPA, FL. 33606
MGR	STEVEN R. ZARITSKY
	403 1st Avenue South
	TIERRA VERDE, FL. 33715
(Use attachment if necessary)	
LEV: Effective date, if other than the da	te of filing: AUGUST 12, 2015 . (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 d
e of filing.)	
If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be
ument's effective date on the Departmen	nt of State's records.
LE VI: Other provisions, if any.	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARK E. MILLER

Typed or printed name of signee

## 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)

**REQUIRED SIGNATURE:** 

ARTICLE IV-

Page 2 of 2

