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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: Spradlinlaw@gmail.com

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FLORIDA LIMITED LIABILITY CO.  
904 Buena Vista LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

904 Buena Vista LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3225 W. Oakellar Ave.

3225 W. Oakellar Ave.

Tampa FL 33611

Tampa FL 33611

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:

THE LAW OFFICES OF NICK SPRADLEN, PLLC

Name

4300 Biscayne Blvd Suite 203

Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA

33137

City

State

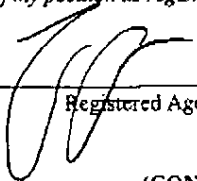
Zip

OFFICE OF THE CLERK OF THE SUPREME COURT OF FLORIDA  
TALLAHASSEE, FLORIDA

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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 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

WILLIAM RAIN

3225 W. Oakellar Ave.

Tampa FL 33611

AMBR

EDWARD REED MACK III

3225 W. Oakellar Ave.

Tampa FL 33611

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

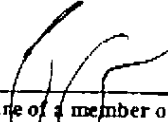
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**BUSINESS PURPOSE:** ANY AND ALL LEGAL BUSINESS PURPOSES

**REQUIRED SIGNATURE:**



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.

NICKOLAS J. SPRADLIN ESQ. AUTH. REP OF A MEMBER

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)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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