

L04000090946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

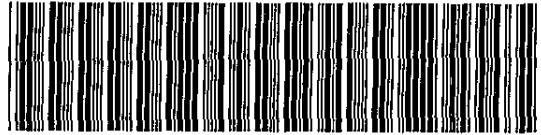
(Business Entity Name)

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DATE: 12-16-04

NAME: 6<sup>th</sup> AVENUE PARTNERS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

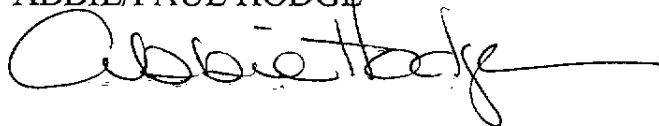
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6th Avenue Partners, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Meedra Surratte,  
(Name of Person)

Registered Agents Legal Services, LLC  
(Firm/Company)

1220 N. Market Street, Suite 606  
(Address)

Wilmington DE 19801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Meedra Surratte, at ( 800 ) 400-6650  
(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
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 16 PM 1:54  
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**ARTICLE I - Name:**  
The name of the Limited Liability Company is:  
6th Avenue Partners, LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:  
**Mailing Address:**  
158 6th Avenue S  
Naples, FL 34102

**Principal Office Address:**  
158 6th Avenue S  
Naples, FL 34102

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Name	City, State, and Zip
<u>Terry J. Billingsley</u>	<u>FL</u>
<u>158 6th Avenue S</u>	<u>Naples, FL 34102</u>

Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby agree to comply with the statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in

Terry J. Billingsley  
Registered Agent's Signature

(CONTINUED)  
Page 1 of 2

**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" = Managing Member

**Name and Address:**

President

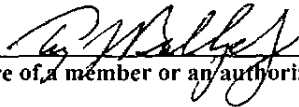
Ferry J Billingsley  
158 G<sup>th</sup> Av. So.  
Naples FL 34102

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**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.)

\_\_\_\_\_  
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)