

L04060090946

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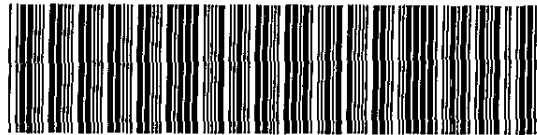
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DATE: 12-16-04

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

TYPE OF FILING: ARTICLES OF ORGANIZATION

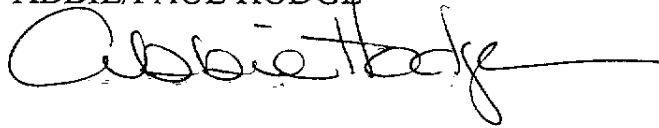
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



## 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:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA  
DEC 16 PM 1:54

## 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:

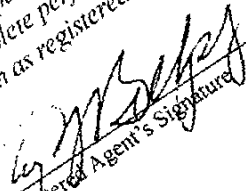
158 6th Avenue S  
Naples, FL 34102

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:  
Terry J. Billingsley  
158 6th Avenue S  
Naples, FL 34102

Name  
Florida street address (P.O. Box NOT acceptable)  
City, State, and Zip  
FL

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 accept the duties of registered agent and agree to act in this capacity. I further 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

  
Registered Agent's Signature

**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

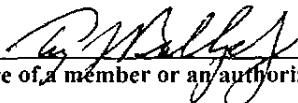
Ferry J Billingsley  
158 G<sup>th</sup> Av. So.  
Naples FL 34102

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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)