

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000001929

St. Petersburg Pier Partners Limited
Company

400003655194--9
-02/07/01--01002--003
****160.00 ****160.00

- Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
☒ Cert. Copy _____
Photo Copy _____
☒ Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB -6 PM 3:54

APPROVED
AND
FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 FEB -6 PM 3:22

RECEIVED

VB
2-6-01

Signature _____

Requested by: _____

Name _____

2/6/01
Date

2:30
Time

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST. PETERSBURG PIER PARTNERS LIMITED COMPANY

ARTICLE II - Address:

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

405 CENTRAL AVENUE, 2ND FLOOR
ST. PETERSBURG FLORIDA 33701

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

The name and the Florida street address of the registered agent are:

PETER C. FISCHBACH

Name

405 CENTRAL AVENUE, 2ND FLOOR

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

ST. PETERSBURG FL 33701

City, State, and Zip

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, F.S..

PCC

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

PCC
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.)

PETER C. FISCHBACH

Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

~~\$ 30.00~~ Certified Copy (OPTIONAL)

~~\$ 5.00~~ Certificate of Status (OPTIONAL)

\$ 125

35

\$ 160

\$ 20

\$

01 FEB - 6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED

\$ 450 cap
\$ 160 Secy of State