

Division of Corporations

L020000000151

Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 205-0383

## From:

Account Name : MICHAEL A. PYLE, P.A.  
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## LIMITED LIABILITY COMPANY

504 MAIN STREET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION**  
**OF**  
**504 MAIN STREET, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is: **504 Main Street, LLC**

**ARTICLE II**  
**ADDRESS**

The street address and the mailing address of the principal office of the Company is: **37 Sun Dunes Circle, Port Orange, Florida 32127**

**ARTICLE III**  
**REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is: **Ergun Thomas Recel, 37 Sun Dunes Circle, Port Orange, Florida 32127**

**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization on this 2 day of January, 2002.

  
\_\_\_\_\_  
**ERGUN THOMAS RECEL**  
Authorized Representative

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

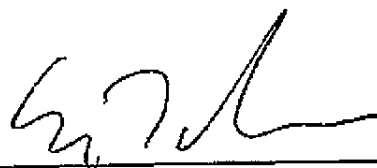
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**ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



**ERGUN THOMAS RECEL**  
Registered Agent

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