

L03000001509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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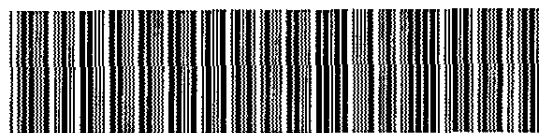
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

BN

CAPITAL CONNECTION, INC.

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

St. Petersburg Area Assoc

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TALLAHASSEE, FLORIDA

- ☐ 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

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR
ST. PETERSBURG AREA ASSOCIATION OF BED AND BREAKFAST INNS, LLC.

ARTICLE I – Name:

The name of this limited liability company is:

St. Petersburg Area Association of Bed and Breakfast Inns, LLC.

ARTICLE II – Address:

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

111 Fifth Avenue North
St. Petersburg, Florida 33701

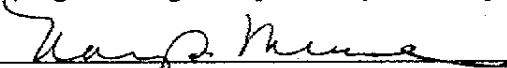
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Nancy Meuse
Name
111 Fifth Avenue North
Florida Street Address
St. Petersburg, Florida 33701
City, State, and Zip

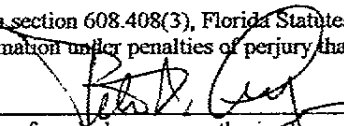
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 608, F.S.


Registered Agent's Signature

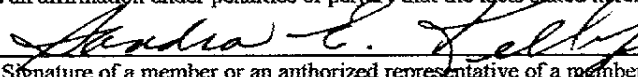
Representative of Park Circle Bed & Breakfast

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)


Signature of a member or an authorized representative of a member
PETER D. ARPS
Typed name of signee

Representative of Bayboro House Bed & Breakfast

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)


Signature of a member or an authorized representative of a member
SANDRA E. KELLY
Typed name of signee