

W03000003016

00789-01122-00671

Donald P Harvey
(Requestor's Name)

440 Island Circle
(Address)

Sarasota, FL 34242
(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

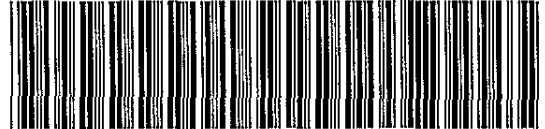
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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

January 7, 2003

DONALD P HARVEY
440 ISLAND CIRCLE
SARASOTA, FL 34242

SUBJECT: THIRTY-SECOND STREET, LLC
Ref. Number: W03000000431

We have received your document for THIRTY-SECOND STREET, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 403A00000728

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: THIRTY-SECOND STREET, LLC

ARTICLE II - Address:

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

440 ISLAND CIRCLE
SARASOTA, FL 34242

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

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

DONALD P. HARVEY
Name
440 ISLAND CIRCLE
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34242
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..

Donald P. Harvey
Registered Agent's Signature

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CLERK OF THE COURT
STATE OF FLORIDA

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

Craig T. Harvey
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.)

CRAIG T. HARVEY
Typed or printed name of signee

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)