

LD300000 8130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

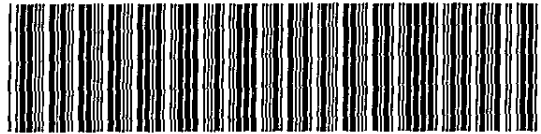
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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2-6-03

LLC Filing Letter

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date: March 2nd, 2003

LLC Filings Office:

I enclose an original and 1 copies of the proposed Articles of Organization of Pinzon Business LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed: 

Harold H Pinzon  
7006 N Nebraska Ave  
Tampa, Florida 33604-4935  
Telephone: 813-2388882

AND  
FILED  
03 MAR -5 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### Article I - Name:

The name of the Limited Liability Company is: \_\_\_\_\_

Pinzon Business LLC

### Article II - Address:

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

7006 N Nebraska Ave, Tampa, Florida 33604-4935 \_\_\_\_\_

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

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

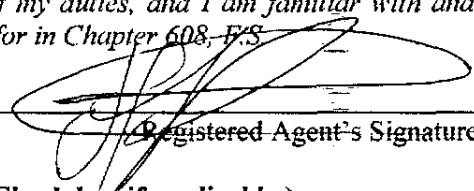
Harold H Pinzon \_\_\_\_\_

Name

7006 N Nebraska Ave, Tampa, Florida 33604-4935 \_\_\_\_\_

Florida street address (P.O. Box **NOT** Acceptable)

*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

### 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)

  
\_\_\_\_\_  
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.)* \_\_\_\_\_

Harold H Pinzon \_\_\_\_\_

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)

FILED  
03 MAR -5 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA