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(((H03000106152 9)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : JOSEPH L. DIAZ, ESQUIRE

Account Number : 073367003503 Phone : (813)879-6164 : (B13)875-2618 Fax Number

LIMITED LIABILITY COMPANY

Pirates Cove of Tampa Bay, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

OF

PIRATES COVE OF TAMPA BAY, LLC

a Florida Limited Liability Company

ARTICLE L. Name:

The name of this Limited Liability Company is PIRATES COVE OF TAMPA BAY, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2101 West Platt, #200, Tampa, FL 33606.

ARTICLE III - Registered Agent:

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

JOSEPH L. DIAZ, ESQUIRE 2522 West Kennedy Boulevard Tampa, FL 33609

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members.

ARTICLE V - MEMBERS RIGHT TO CONTINUE BUSINESS

The right of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or

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Joseph L. Disz, Esquire 2522 West Kennedy Boulevard Tampa, FL 33609 813/879-6164 Florida Bar No. 179925



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the occurrence of any other event which terminates the continued membership of aniember in the Limited Liability Company shall be:

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall not terminate the Limited Liability Company, and the business of the Limited Liability Company shall be automatically continued, so long as there is at least one remaining member.

AUTHORIZED REPRESENTATIVE OF A MEMBER PIRATES COVE OF TAMPA BAY, LLC.

JOSEPHZ. DIAZ

(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.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: PIRATES COVE OF TAMPA BAY, LLC.
- 2. The name and the Florida street address of the Registered Agent are:

JOSEPH L. DIAZ, ESQ. 2522 W. Kemedy Blvd. Tampa, FL 33609-3391

Having been named as resident 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.