

L03000034633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

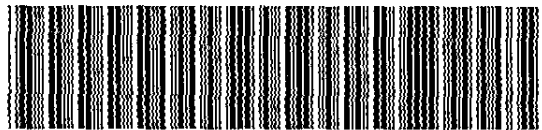
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000022784140

FILED

03 SEP 12 PM 12:31

RECEIVED

03 SEP 12 AM 10:40

DIVISION OF CORPORATION

STATE  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 239504 156480A

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 155.00

03 SEP 12 PM 12:31  
FILED  
TALLAHASSEE, FLORIDA

ORDER DATE : September 11, 2003

ORDER TIME : 8:14 AM

ORDER NO. : 239504-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor  
Roberts, Seward & Company

Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

DOMESTIC FILING

NAME: 5510 LAKE LECLARE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5110 Lake LeClare, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10720 Montague St  
Tampa, FL 33620

same

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

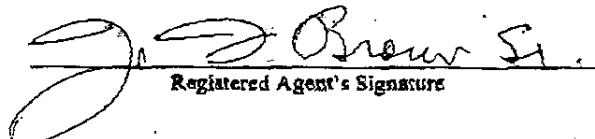
The name and the Florida street address of the registered agent are:

Tom F. Brown Sr.  
Name

10720 Montague St.  
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33620  
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.

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Katherine Brown  
16720 Montague St  
Tampa, FL 33626

MGRM

Tom Brown SR  
16720 Montague St  
Tampa, FL 33626

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

Tom F. Brown, Sr.  
Typed or printed name of signer

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 38.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
SEP 12 PM 12:31  
TALLAHASSEE, FLORIDA