

LD3 000037843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

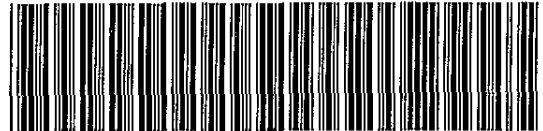
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SEP 29 2003
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LD3-37843
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pita Homes LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Bousquet
(Name of Person)

(Firm/Company)

16301 Norwood Drive
(Address)

Tampa Fl. 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Bousquet at (727) 7426316
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
JAN 11 2007
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Pita Homes LLC

ARTICLE II - Address:

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

Principal Office Address:

16301 Norwood Drive
Tampa Fl. 33624

Mailing Address:

16301 Norwood Drive
Tampa Fl. 33624

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

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

Robert Bousquet

Name

16301 Norwood Drive

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

Tampa

FL 33624

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)

FILED
08/07/09 11:11
CLERK

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

"MGRM" = Managing Member

Robert Bousquet

Tampa Fl. 33624

MGRM**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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

[illegible]