

W03000056304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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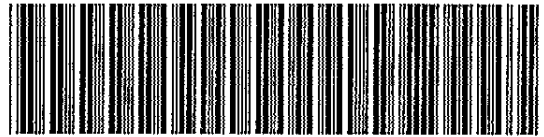
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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W03-56304
OK

**ARTICLES OF ORGANIZATION OF
YOCKENFLOSTER, LLC
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is:

Yockenfloster, LLC

ARTICLE II - Address

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

**235 North Garden Ave.
Clearwater, FL 33755**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

James Schwartz and Steve Schwartz
235 North Garden Ave.
Clearwater, FL 33755

ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be upon unanimous consent of the members.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged
them to be my act this 15 day of December, 2003.


James Schwartz

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT AND OFFICE

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

1. The name of the Limited Liability Company is Yockenfloster, LLC.
2. The name and Florida address of the registered Agent is:

James Schwartz
235 North Garden Ave.
Clearwater, FL 33755

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 certification. 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.


James Schwartz

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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