

LD40000002644

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000006115 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : A 1 A CORPORATE SERVICES, INC  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

DIVISION OF CORPORATION

04 JAN -9 PM 4:08

RECEIVED

## LIMITED LIABILITY COMPANY

Flocon Associates L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARIAT OF FLORIDA  
TALLAHASSEE, FLORIDA

04 JAN -9 PM 4:38

APPROVAL  
AND  
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

Jan 09 04 05:03p

R1A

3056752811

p.2

H0400000611S3

From: Paul Thanasides 813-914-0848 To: Mariale

Date: 1/9/2004 Time: 2:48:10 PM

Page 2 of 3

R1A

3056743359

p.2

**OK ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Flocon Associates L.L.C.

**ARTICLE II: Address**

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

9303 Woodland Ridge Dr

Tampa, Florida 33637

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

Paul Thanasides

9303 Woodland Ridge Dr

Tampa, Florida 33637

Having been named as registered agent 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.

*Paul Thanasides*

Paul Thanasides / Registered Agent's Signature

AND  
FILED  
04 JAN -9 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H0400000611S3

Jan 09 04 05:03p

A1A

3056752811

p.3

H040000061153

From: Paul Thanasides 813-914-0646 To: Mariela

Date: 1/09/2004 Time: 2:48:10 PM

Page 3 of 3

A1A

3056743359

p.3

PAGE 2

Flocon Associates L.L.C.

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

ARTICLE V: MEMBERS (optional)

Managing Member:

Paul Thanasides

9303 Woodland Ridge Dr

Tampa, Florida 33637

Managing Member:

Linda Thanasides

9303 Woodland Ridge Dr

Tampa, Florida 33637

---

*Paul Thanasides*

---

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.)

Paul Thanasides

04 JAN -9 PM 4:38  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

H040000061153