

L04000013986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

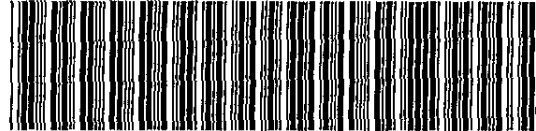
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400028127964

02/20/04--01043--030 **160.00

RECEIVED
04 FEB 20 PM 12:28
DIVISION OF CORPORATION

FILED
04 FEB 20 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 2/20/04

REF. #: 0333.23692

CORP. NAME: NEW TAMPA JOINT VENTURE, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 507545 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
NEW TAMPA JOINT VENTURE, LLC

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TALLAHASSEE, FLORIDA

Article I - Name

The name of the Limited Liability Company is:

NEW TAMPA JOINT VENTURE, LLC

Article II - Address

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

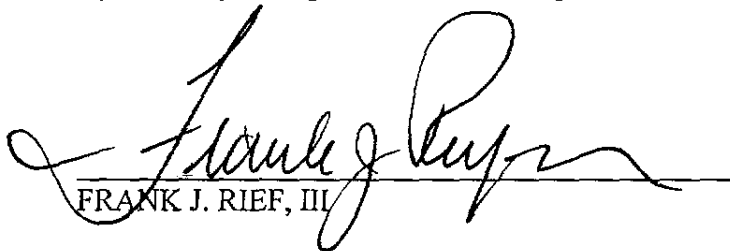
4700 North Habana Avenue, Suite 201
Tampa, FL 33614

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

The name and street address of the registered agent are:

Frank J. Rief, III
442 West Kennedy Blvd, Suite 340
Tampa, FL 33606

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.


FRANK J. RIEF, III

Article IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is Deborah Dusseau Razdar, 4700 North Habana Avenue, Suite 201, Tampa, FL 33614.

DATED this 19th day of February, 2004.


DEBORAH DUSSEAU RAZDAR, Manager