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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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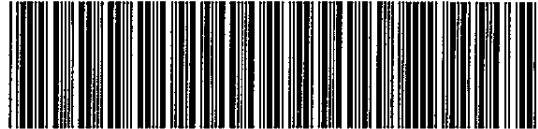
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: VETERAN'S HOBBY SHOP, 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:

P. KIRBY ZINES

(Name of Person)

VETERAN'S HOBBY SHOP

(Firm/Company)

10425 AZALEA DRIVE

(Address)

PORT RICHEY, FL 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

P. KIRBY ZINES

(Name of Person)

at (727) 868-1843

(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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VETERAN'S HOBBY SHOP, LLC

ARTICLE II - Address:

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

Principal Office Address:

10425 AZALEA DRIVE

PORT RICHEY, FL 34668

Mailing Address:

10425 AZALEA DRIVE

PORT RICHEY, FL 34668

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

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

SARA ZINES

Name

10425 AZALEA DRIVE

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

PORT RICHEY, FLORIDA 34668

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, Florida Statutes..

Sara Zines

Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

P. KIRBY ZINES, PRESIDENT
7324 LAKE MAGNOLIA DRIVE
NEW PORT RICHEY, FL 34653

MGRM

SHARON S. ZINES, SENIOR VICE PRESIDENT
7324 LAKE MAGNOLIA DRIVE
NEW PORT RICHEY, FL 34653

MGRM

JEFFREY J. ZINES, VICE PRESIDENT OF MARKETING + SALES
10425 AZALEA DRIVE
PORT RICHEY, FL 34668

MGRM

SARA ZINES, CHIEF FINANCIAL OFFICER
10425 AZALEA DRIVE
PORT RICHEY, FL 34668

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

P. Kirby Zines - President
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.)

P. KIRBY ZINES - PRESIDENT
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)