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LAWS, GASSMAN & ASSOCIATES, P.A.

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Florida Department of State  
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From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
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**LIMITED LIABILITY COMPANY**

**SERVOS SQUARE, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **SERVOS SQUARE, L.L.C.**

### ARTICLE II - Address:

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

**2797 St. Andrews Blvd., Tarpon Springs, FL 34688**

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

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

**Alan S. Gassman**

Name

**1245 Court Street, Suite 102**

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

**Clearwater, FL 33756**

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

(An additional article must be added if an effective date is requested)

**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.)



**ALAN S. GASSMAN**

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