

LD4000030457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

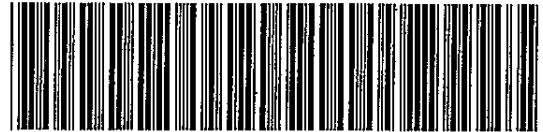
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/16/04--01068--006 **160.00

REC'D CIVIL SERVICE
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APR 16 2004 1:41

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LD4-30457
JL

GROAW\$ CONSULTING LTD. CO.
4821 E. 97th Avenue
Tampa, FL 33617
813-785-5375

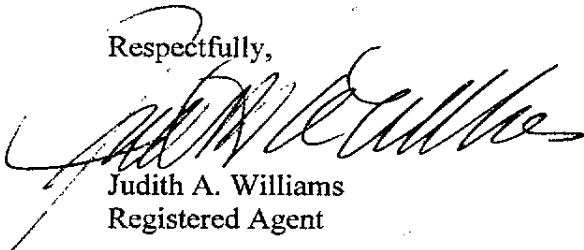
April 14, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Please add the following Article to our Registration Request.

ARTICLE V – Effective Date: April 23, 2004

Respectfully,



Judith A. Williams
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROAW# Consulting Ltd., Co.
(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:

Judith A. Williams
(Name of Person)

GROAW# Consulting Ltd., Co.
(Firm/Company)

4821 E. 97th Ave
(Address)

Tampa, FL 33617
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Judith A. Williams at 813 785-5375
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GROAW # Consulting Ltd., Co.

ARTICLE II - Address:

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

Principal Office Address:

4821 E. 97th Ave
Tampa, FL 33617

Mailing Address:

4821 E. 97th Ave
Tampa, FL 33617

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

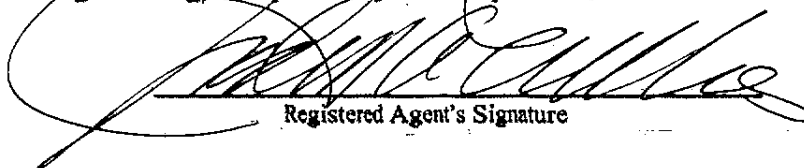
The name and the Florida street address of the registered agent are:

Judith A. Williams
Name

4821 E. 97th Ave
Florida street address (P.O. Box NOT acceptable)

Tampa FLORIDA 33617
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..


Registered Agent's Signature

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CLERK OF DISTRICT COURT
TAMPA, FLORIDA

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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

MGR

Name and Address:

Peter B. Bitzer, III
113 S. TRASK STREET
TAMPA, FLORIDA 33609

SECRETARY OF STATE
PALM BEACH, FLORIDA

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

PETER B. BITZER III

Typed or printed name of signee

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)