

L040000 58043

(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:

Office Use Only



200039114822

08/04/04--01063--006 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:34

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYKES REAL ESTATE, '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:

JEANETTE C. COLEMAN
(Name of Person)

(Firm/Company)

5122 CAREY ROAD
(Address)

TAMPA, FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

JEANETTE C. COLEMAN at (352) 596-1715
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:34

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYKES REAL ESTATE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5122 CAREY ROAD, TAMPA, FL 33624

5122 CAREY ROAD, TAMPA, FL 33624

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

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

CYNDY SYKES BEARDEN

Name

5122 CAREY ROAD

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

TAMPA

FLORIDA 33624

City, State, and Zip

FILED
04 AUG -4 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Cyndy Sykes Bearden

Registered Agent's Signature

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

JEANETTE C. COLEMAN

10501 PINE ISLAND DRIVE

WEECHEE WACHEE, FL 34607-1046

MGRM

CYNDY SYDES BEARDEN


5122 CAREY ROAD

TAMPA, FL 33624

(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.)

JEANETTE C. COLEMAN

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:34

FILED