

L040000 62404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

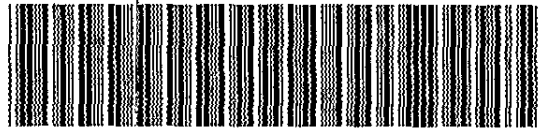
(Business Entity Name)

(Document Number)

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STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eric Mickunas Cable L.L.C

(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:

ERIC MICKUNAS

(Name of Person)

ERIC MICKUNAS CABLE L.L.C

(Firm/Company)

5580 HOBSON ST. N.E.

(Address)

SAINT PETERSBURG, FL. 33703

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC MICKUNAS

(Name of Person)

at ( 727 ) 501-3103

(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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ERIC MICKUNAS Cable L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

5580 HOBSON ST. N.E

SAINT PETERSBURG

FLORIDA, 33703

**Mailing Address:**

9060 N. GOLFVIEW DR.

DUNNELLON

FLORIDA, 34434

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

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

ERIC MICKUNAS

Name

5580 HOBSON ST. N.E

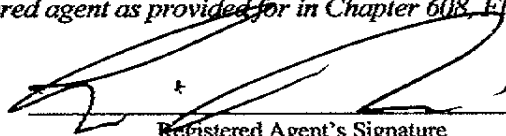
Florida street address (P.O. Box **NOT** acceptable)

SAINT PETERSBURG

FLORIDA 33703

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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**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:**

MGR

ERIC MICKUNAS

5580 HOBSON ST. N.E.

SAINT PETERSBURG, FL. 33703

(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.)

ERIC MICKUNAS

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)

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TALLAHASSEE, FLORIDA

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**CITY OF ST. PETERSBURG, FLORIDA  
OCCUPATIONAL TAX CERTIFICATE**

ACCOUNT NO.

**52344**

DATE

**9/12/03**

**2004**

EXPIRES 9/30/2004



BUSINESS

**MICKUNAS, ERIC**

**5580 HOBSON ST NE**

**ST PETERSBURG FL 33703**

DESCRIPTION OF OCCUPATION, PROFESSION, OR BUSINESS

**38301 UNCLASSIFIED**

**LABORER - WORK MUST BE DONE UNDER  
THE DIRECTION OF A PROPERLY  
LICENSED/CERTIFIED CONTRACTOR.**

**77.00**

MAIL

**MICKUNAS, ERIC**

**5580 HOBSON ST NE**

**ST PETERSBURG FL 33703**

**TOTAL**

**77.00**

**9/12/03 2112-**

**77.00 9396000 PAID**

Changes in business name, address, mailing name or address, as well as additions to the business activity, may require additional applications. Please contact this office before making changes or if the description on this certificate does not reflect your entire business activity. Additional activities may require additional taxes.

Failure to renew before the expiration date may result in penalty fees being assessed.

Display this certificate conspicuously at all times in the place of business. If there is no place of business, this certificate must be presented to any police officer or officer of the city upon their request.

Many occupational taxes are transferable from one owner to another, or one location to another. To transfer this certificate, contact our office for information and price, and fill in the following.

I, \_\_\_\_\_ hereby assign all my rights, title and interest in occupational tax certificate # \_\_\_\_\_ to \_\_\_\_\_  
(name of new owner) (signature of previous owner)

This occupational tax certificate does not allow the holder to violate any city law, ordinance or regulation. It is not an endorsement, approval or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations or standards.