

W4000065028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

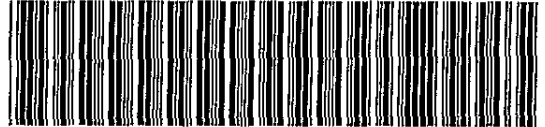
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040622521

08/30/04--01071--014 **2166.25

04 AUG 30 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W4-65028
JR

C...Y

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Praxis Capital Advisors, 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:

MICHAEL LAPAT
(Name of Person)

LAW OFFICE OF MICHAEL LAPAT
(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311
(Address)

CORAL SPRINGS, FLORIDA 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTINE COBBAN at (954) 345-6442
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 30 PM 2:09

FILED

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:

Praxis Capital Advisors, LLC

ARTICLE II - Address:

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

Principal Office Address:

5153 Birch Avenue

Sarasota, Florida 34233

Mailing Address:

5153 Birch Avenue

Sarasota, Florida 34233

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

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

James Kordomenos

Name

5153 Birch Avenue

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

Sarasota

FLORIDA 34233

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

04 AUG 30 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

James Kordomenos

5153 Birch Avenue

Sarasota, Florida 34243

MGR

Bill Mullner

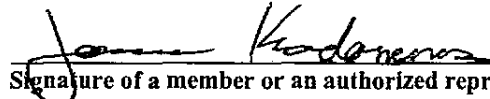
5153 Birch Avenue

Sarasota, Florida 34243

(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.)

James Kordomenos

Typed or printed name of signee

FILED
04 AUG 30 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)