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09/01/04

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2004 SEP 10 PM 1:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 13 2004

Florida Limited Liability Company  
Cover Letter

Mark Pickard  
9149 Creighton Dr.  
Powell, OH 43065  
(614) 760-7298

Florida Address:  
1316 W. Bearss Ave.  
Tampa, FL 33613  
(813) 263-8089

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pickard INVESTMENTS, 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:

Mark Pickard  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9149 CREIGHTON DR  
(Address)

POWELL, OHIO 43065  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Pickard at ( 614 ) 760-7298  
(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pickard INVESTMENTS, 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:**

**Mailing Address:**

**EFFECTIVE DATE**

9149 CREIGHTON DR.

SAME

09/01/04

POWELL, OH 43065

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

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

MARK PICKARD

Name

1316 W. BEARSS AVE.

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

TAMPA

FLORIDA

33613

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..*

X Mark Pickard

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:**

MGR.

MARK PICKARD

9149 CREIGHTON DR.

POWELL, OHIO 43065

MGRM

JAMES PICKARD

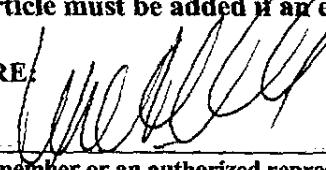
1316 W. BEARS AVE

TAMPA, FL 33613

(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 PICKARD (MGRM)  
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)

**ADDITIONAL ARTICLE:**

**II. EFFECTIVE DATE:**

SEPT 1, 2004

REG. AGENT SIGNATURE:

\* Mark Pickard

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TALLAHASSEE, FLORIDA