

L04000075483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

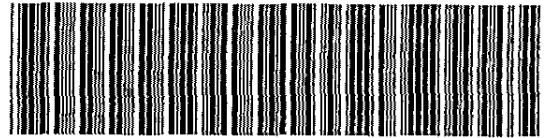
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500041646175

10/15/04--01016--018 **155.00

FILED
04 OCT 15 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

10/19

4p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E & P Properties, 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:

Kevin M. Erdelac
(Name of Person)

n/a
(Firm/Company)

1102 Woodcrest Avenue
(Address)

Safety Harbor, FL 34695
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Erdelac at (727) 434-3403
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
04 OCT 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

E & P Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

1102 Woodcrest Ave
Safety Harbor, FL
34695

Mailing Address:

1102 Woodcrest Ave
Safety Harbor, FL
34695

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

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

C. Karen Erdclac
Name

1102 Woodcrest Avenue
Florida street address (P.O. Box **NOT** acceptable)

Safety Harbor FLORIDA, 34695
City, State, and Zip

FILED
04 OCT 15 AM 10:27
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..

C. Karen Erdclac
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

Dell Pearce
1355 Union St
Clearwater, FL 33755

MGRM

Robin Pearce
1355 Union St
Clearwater, FL 33755

MGRM

Kevin Erdelac
1102 Woodcrest Ave
Safety Harbor, FL 34685

MGRM

Camille Karen Erdelac
1102 Woodcrest Ave
Safety Harbor, FL 34685

(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.)

C. Karen Erdelac

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)

FILED
04 OCT 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA