

L04000075557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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LaBARBERA & CAMPBELL
Attorneys and Counselors at Law

MICHAEL D. LABARBERA
EDWARD S. CAMPBELL, III

1907 WEST KENNEDY BOULEVARD
TAMPA, FLORIDA 33606-1530
(813) 251-1940 FAX: (813) 251-3240

October ¹¹/₈, 2004

Registration Section
Division of Corporations
409 E. Gaines St.
P.O. Box 6327
Tallahassee, FL 32214

Re: Arnold Martinez Art Gallery, LLC

To whom it may concern:

Articles of Organization and fees are submitted for filing the above Limited Liability Company.

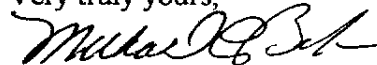
Filing Fee	\$100.00
Designation of Registered Agent	<u>25.00</u>
Total	\$125.00

Please return all correspondence concerning this matter to the following:

Michael D. LaBarbera, Attorney
LaBarbera & Campbell
1907 W. Kennedy Blvd.
Tampa, FL 33606

For further information on this matter, please call Michael D. LaBarbera at 813-251-1940.

Very truly yours,



Michael D. LaBarbera

MLB:cc

cc: Arnold Martinez

H:\Arnold Martinez LLC\Transmittal Letter.wpd

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARNOLD MARTINEZ ART GALLERY, LLC

ARTICLE II - Address:

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

Principal Office Address:

1909 N. 19th St.

Tampa, Florida 33605

Mailing Address:

2910 W. Burke

Tampa, Florida 33614

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

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

ARNOLD MARTINEZ

Name

1909 N. 19th Street

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

Tampa,

FLORIDA 33605

City, State, and Zip

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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

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

ARNOLD MARTINEZ

2910 W. BURKE

TAMPA, FLORIDA 33614

(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.)

ARNOLD MARTINEZ

Typed or printed name of signee

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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)