

L 04000078345

(Requestor's Name)

MODESTAS MAZEIKIS

519 3rd. Ave. S. Suite 5

St. Petersburg, FL 33701

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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Office Use Only



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SEC. OF STATE
TALLAHASSEE, FLORIDA

WL
10/28/04

5p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MODEIMPEX 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:

MODESTAS MAZEIKIS
(Name of Person)

MODEIMPEX LLC
(Firm/Company)

519 3RD AVE. S. SUITE 5
(Address)

ST. PETERSBURG, FL. 33701
(City/State and Zip Code)

W04-38390

For further information concerning this matter, please call:

MODESTAS MAZEIKIS at (727) 488 9003
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 28 PM 3:47

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2004

MODESTAS MAZEIKIS
519 3RD AVE. S. SUITE 5
ST. PETERSBURG, FL 33701

SUBJECT: MODEIMPEX LLC
Ref. Number: W04000038390

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MODEIMPEX LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of your application was left blank. Please complete and sign the second page of your application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 604A00059917

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MODEIMPEX LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

519 3RD AVE. S. SUITE 5
ST. PETERSBURG, FL 33701

519 3RD AVE. S. SUITE 5
ST. PETERSBURG, FL 33701

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

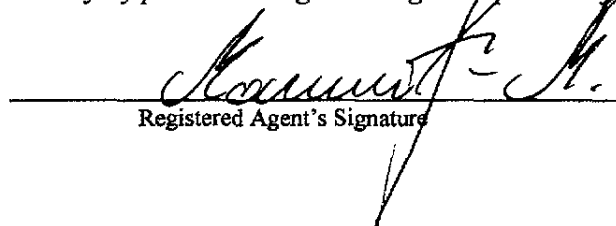
The name and the Florida street address of the registered agent are:

MODESTAS MAZEIKIS
Name

519 3RD. AVE. S. SUITE 5
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FL 33701
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, F.S..


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

MODESTAS MAZEIKIS
519 3RD. AVE. S. SUITE 5
ST. PETERSBURG, FL 33701

STATE OF FLORIDA
TALLAHASSEE

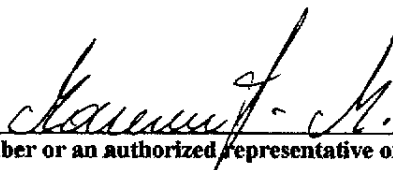
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(Use attachment if necessary)

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.)

MODESTAS MAZEIKIS
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)