

L04000088069

(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:

Name
Availability

Document
Examiner

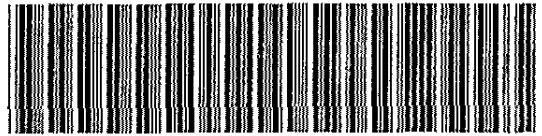
Updater

Updater
Verifier

Acknowledgement DCC

W. P. Verifier DCC

Office Use Only



400042465484

11/23/04--01011--003 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 23 P 2:24

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINN 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:

Donald T. Piorek
(Name of Person)

ACCOUNTAX BUSINESS SERVICES, INC.
(Firm Company)

125 E. Lake Street, Suite 201
(Address)

Bloomington, IL 60108
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald T. Piorek at (630) 351-0500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

2004 NOV 23 P 2:24

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FINN PROPERTIES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1401 5TH STREET N

ST. PETERSBURG, FL 33704

Mailing Address:

1401 5TH STREET N

ST. PETERSBURG, FL 33704

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

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

DANIEL FINN

Name

1401 5TH STREET N

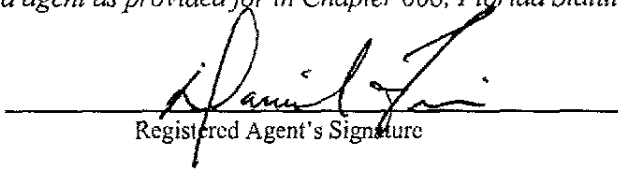
Florida street address (P.O. Box **NOT** acceptable)

ST PETERSBURG

FLORIDA 33704

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

FILED
2009 NOV 23
TALLAHASSEE
SECRETARY OF STATE

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:

MGMR

DANIEL FINN

1401 5TH STREET N

ST PETERSBURG, FL 33704

MGMR

PATRICIA FINN

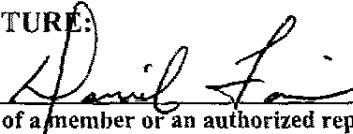
1401 5TH STREET N

ST PETERSBURG, FL 33704

(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.)

DANIEL FINN

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 23 P 2:24

FILED