Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000100313)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Conporate Filing

To: Division of Corporations Fax Number : (850)205-0383 From: : HUBCO Account Name Account Number : 104662003400 : (516)935-3940 : (516)935-3088 Fax Number AVISION OF LIMITED LIABILITY COMPANY Joseph Gondos Contractor, L.L.C. Certificate of Status Certified Copy 0 Page Count 02.3 Estimated Charge \$130.00

Name Availability

Document

W. P. Verifyer

Bamin Backenie Filing Manu.

Updater **Hodater** Verifyer DCC

Acknowledgement DCC

> UCC https://cfile.sumbiz.org/scripts/efilcovr.exe

Public Access Help

H05000010031

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	Joseph Gondos Contractor, L.L.C.
ARTICLE II - Address The mailing address and street address of the prince	pipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2193 Campus Drive	2193 Campus Drive
Clearwater, FL 33764	Clearwater, FL 33764
The name and Florida street address of the registe	stered Office & Registered Agent's Signature red agent are: eph Gondos
	Name
219	3 Campus Drive
	(P.O. Box or Mail Drop Box NOT Acceptable)
	arwater. FL 33764
	(City State Zip) accept service of process for the above stated limited liability company

ARTICLE IV - Manager(s) or Managing Member(s):

H05000010031

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Meml	ber .
MGRM	Joseph Gondos-2193 Campus Drive, Clearwater, FL 33764
MGRM	Eva Gondos-2193 Campus Drive, Clearwater, FL 33764
MGRM	Eniko Gondos- 2193 Campus Drive, Clearwater, FL 33764
· · ·	
(Usc attachment if necessary)	į
REQUIRED SIGNATURE	

Signature of a member of 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.)

Joseph Gondos

Typed or printed name of signee

SECRETARY OF STATE