# L05000013438

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SECRETARY OF STATE



# TRANSMITTAL LETTER

Division of C				
SUBJECT:	Suncoast Data	& Research, LLC		a.s
	(Name of Limite	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
<del></del>		bert L. Granda Name of Person)		
	(L	Name of Person)		
		ta & Research, LLC		
	(	Firm/Company)		
	399	Fulton Street NE		
, <del></del>		(Address)		,
	L	argo, FL 33771		ZINS TAL
<del></del>		/State and Zip Code)	-	FEB FEB
For further information	n concerning this matter, please	call:		TAILE OF STATE
	t L Granda	at ( 727 ) 735-3290		FLORE 2
(Nan	e of Person)	(Area Code & Daytime To	elephone Number)	- RIGA
Enclosed is a check	for the following amount:			
7) \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fill Certificate of S Certified Copy (additional copy is	status &

## 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 Cor	npany is:
Suncoast Data & Research, LLC	
ARTICLE II - Address:	of the main aim I offer of the Limit of Linkilla. Communication
The maining address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
399 Fulton Street NE	399 Fulton Street NE
Largo, FL 33771	Largo, FL 33771
ADTICLE III Domintowed Amount D	egistered Office & Degistered Agentle Cinnets
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:
The name and the Florida street address	ss of the registered agent are:
Ro	obert L Granda
	Name
_	<b></b> 1
<del></del>	99 Fulton Street NE
Florid	a street address (P.O. Box NOT acceptable)
L:	argo, FL 33771
C	lity, State, and Zip
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as six is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S
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(CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Robert L Granda		
WOR	399 Fulton Street NE		, T 📆 🕠
	Largo, FL 33771		* ,=
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(Use attachment if necessary)			
•			
NOTE: An additional article must be	e added if an effective date is requested.		
REQUIRED SIGNATURE:			
Daha	of Gran		
Signature of a member o	or an authorized representative of a member.	•	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true.)	SECR	2005 F
	obert L Granda	AE I	££8
Турес	d or printed name of signee	SSE	$\frac{1}{2}$
Filing Fees:		न्तर सिं	P

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

\$ 5.00 Certificate of Status (Optional)

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