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PICK-UP		WAIT	MAIL
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Certified Copies		Certificates of	Status
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Cor					
SUBJECT: Myers	s Family Investments	s. LLC d Liability Company)		-	
	(Name of Limite	a Liability Company)			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
W. Parkinson Myers (Name of Person)					
	1)	vanie of Person)			
	0	Firm/Company)			
	3340 Crenshaw	Lake Road			
		(Address)			
	Lutz, Florida	33548			
	(City/	State and Zip Code)			
For further information of	concerning this matter, please	call:			
W. Parkinson	Myers	at(<u>813</u>) 963-71	39		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	-	
Enclosed is a check fo	r 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 Certificate of Sta Certified Cony (additional approximate)	tus &	
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section Corporations 7	B-7 P 3 00	

ARTICLES OF ORGANIZATION OF MYERS FAMILY INVESTMENTS, LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "Company") under the Florida Limited Liability Company Act (the "Act"), as follows:

ARTICLE I. NAME

The name of the Company is: Myers Family Investments, LLC.

ARTICLE II. MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is: 3340 Crenshaw Lake Road, Lutz, Florida 33548.

ARTICLE III. INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: W. Parkinson Myers, 3340 Crenshaw Lake Road, Lutz, Florida 33548.

Signature of a member or an authorized representative of a member

W. Parkinson Myers

(Typed or printed name of signee)

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

W. Parkinson Myers

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S)

Title:

MGR

Name and Address:

W. Parkinson Myers 3340 Crenshaw Lake Road Lutz, Florida 33548

Signature of a member or authorized representative of a member.

W. Parkinson Myers

Typed or printed name of signee

Z005 FEB - 7 P 3: 00
SECRETARY OF STATE