

L05000024088

Division of Corporations

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.

((H05000059448 3)))

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

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813) 225-1040
Fax Number : (813) 221-3135

LIMITED LIABILITY COMPANY

Tampa Bay Ventures, LLC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

RECEIVED
05 MAR -9 PM 3:27
DIVISION OF CORPORATION
2005 MAR -9 A 11:06
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name Availability	
Document Examiner	DCC
Updater	ncc
Register Verifier	ncc
Acknowledgment	DCC
W. https://efile.sunbiz.org/scripts/efilcovr.exe	

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa Bay Ventures, 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:

3405 Sulvan Shadow St.
Valrico, FL 33594

-same-

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

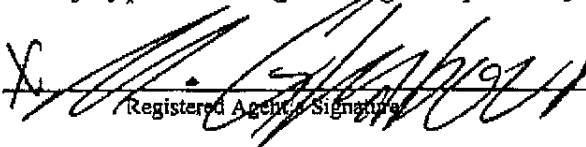
The name and the Florida street address of the registered agent are:

Mohamed S. Ghabrou
Name

3405 Sulvan Shadow St.
Florida street address (P.O. Box **NOT** acceptable)

Valrico FL 33594
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.

X. 
Registered Agent's Signature

FILED
MAR - 9 A 11: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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:

MGRM

Mohamed Ghobour
2405 Sylvan Shadow St.
Valrico, FL 33594

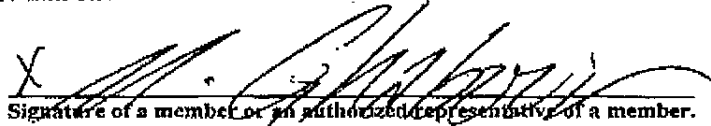
MGRM

Mohamed Hamoui
2405 Sylvan Shadow St.
Valrico, FL 33594

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X 

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.)

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)

2005 MAR -9 A 11: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED