

LD5000027190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

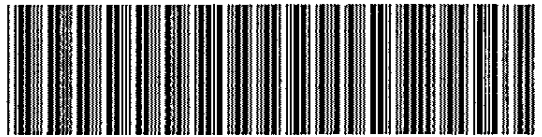
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR 18 AM 9:44

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LD5-27190
[Signature]



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

05 MAR 17 AM 8:13

March 11, 2005

VERNIS & BOWLING OF THE FLORIDA KEYS, P.A.
ISLAMORADA PROFESSIONAL CENTER
81990 OVERSEAS HWY. 3RD FLOOR
ISLAMORADA, FL 33036

SUBJECT: #1 DISCOUNT CORNER, INC.
Ref. Number: W05000012701

We have received your document for #1 DISCOUNT CORNER, INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I have submitted the proper forms if you want to file as a Limited Liability Company.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 805A00016922

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #1 Discount Corner, 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:

Theron C. Simmons, Esq.
(Name of Person)

Vernis + Bowling of the Florida Keys, P.A.
(Firm/Company)

81990 Overseas Hwy. 3rd Floor
(Address)

Islamorada, FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

Theron Simmons at (305) 664-4675
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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)

Check was already sent.

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 Company is:

#1 Discount Corner, LLC.

ARTICLE II - ADDRESS:

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

Principal Office Address:

82788 Overseas Highway
Islamorada, FL 33036

Mailing Address:

82788 Overseas Highway
Islamorada, FL 33036

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED
AGENT'S SIGNATURE:**

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

Kosma Mallidis

Name

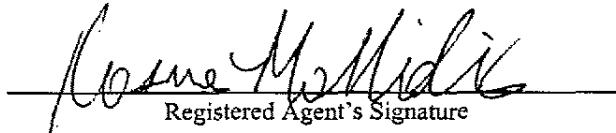
190 Azalea Street

Florida Street Address (PO Box NOT acceptable)

Tavernier, FL 33070

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..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kosma Mallidis

190 Azalea Street

Tavernier, FL 33070

MGRM

Alex Mallidis

8928 Oswego

Morton Grove, IL 60053

MGRM

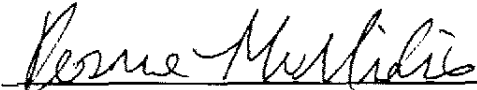
Peggy Mallidis

8928 Oswego

Morton Grove, IL 60053

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)

Kosma Mallidis

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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