# W5000032430

00789-02727-000	7/
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

"Partnership"



200048508122

03/21/05--01030--004 \*\*125.00

HLM

05 APR -1 FM 1: 10

### TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations	•	
SUBJECT: Piatt Partnership, LLC (Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
David A. Lewis Jr.		
0	Name of Person)	
Piatt Partnership, LLC		
	Firm/Company)	<del></del>
14230 Lake Childs Court	(Address)	
	(Address)	
Miami Lakes, FL 33014		
(City	/State and Zip Code)	
For further information concerning this matter, please	call:	
David A. Lewis Jr.	at ( 305 ) 761-4489	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{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)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	ection
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	
Tallahassee, Florida 32399	F.O. Box 0327 Tallahassee F	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 23, 2005

DAVID A. LEWIS JR PIATT PARTNERSHIP, LLC 14230 LAKE CHILDS COURT MIAMI LAKES, FL 33014

SUBJECT: PIATT PARTNERSHIP, LLC

Ref. Number: W05000014966

We have received your document for PIATT PARTNERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "partnership." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return 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) 245-6967.

Letter Number: 605A00019932

Michelle Hodges Document Specialist

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:				
Piett Pertnership, LG Piatt & Lewis, 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:			
14230 Lake Childs Court	14230 Lake Childs Court			
Miami Lakes, FL 33014	Miami Lakes, FL 33014			
The name and the Florida street address of the  David A. Lewis Jr.  Name				
	•			
14230 Lake Childs Court  Florida street address (P.O. Box NOT acceptable)				
Miami Lakas El 22014				
City, State, and Zip				
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as			

(CONTINUED)

Page 1 of 2

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	
moteria manageng moment	
MGR	David A. Lewis Jr.
<del></del>	14230 Lake Childs Court
	Miami Lakes, FL 33014
MGR	Arlene Piatt
	512 Quail Hill Drive
	Debary, FL 32713
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Da	R
Signature of a member or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

David A. Lewis Jr.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signce