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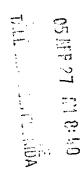
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TRANSMITTAL LETTER

TO: Registration Division of	section Corporations		
SUBJECT: Tony		ed Liability Company)	
The enclosed Article	s of Organization and fee(s) are :	submitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
Tony	Dennison Esq.	A. A	······
	(Name of Person)	
Tony Dennison P	1		
Tony Dennison		(Firm/Company)	
9828 Sa	n Diego Way		
- 		(Address)	
Po	rt Richey Florida 34668		
******	(Cîty	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
Tony Dennison Es	4.	at (727) 698-8655	
(Na	me of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
1 \$125.00 Filing Fo	ce Status Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	REET ADDRESS: pistration Section	MAILING Al Registration S	No. of the second

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	C PENNINA LAMINITED LAMI	MATI COMPANI
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Tony Dennison P.L.		
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
Tony Dennison P.L.	Tony Dennison P.L.	
9828 San Diego Way	9828 San Diego Way	
Port Richey Florida 34668	Port Richey Florida 34668	
The name and the Florida street address of <u>Tony Dennison Esq.</u>	Name	
9828 San Diego Way		
	eet address (P.O. Box NOT acceptable)	_
Port Richey Florida 3466		
	State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accep pacity. I further agree to comply w ete performance of my duties, and I	ot the appointment as with the provisions of all I am familiar with and
Registered	gent's Signature	05 NºS 27 AN 9
·	TINUED)	AM C: 40
Page	1 of 2	\triangleright

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:

<u> Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Tony Dennison Esq.
	9828 San Diego Way
•	Port Richey Florida 34668
and the state of t	
7	
	The state of the s
(Use attachment if necessary)	

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 berein 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)

ATTACHMENT FOR TONY DENNISON P.L. ARTICLES

ARTICLE V.

The purpose of this P.L. is to provide legal services. All members are attorneys.