

LOS000064441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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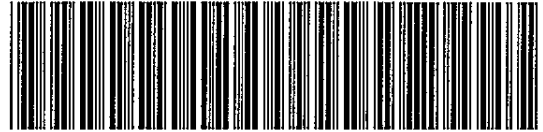
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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June 21, 2005

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

Re: 1729 NORTHGATE ENTERPRISES, LLC

Dear Sir/Madam:

Enclosed you will find Articles of Organization for the above referenced Limited Liability Company along with our check in the amount of \$125.00. Please forward the confirmation letter to our office in the enclosed Federal Express envelope.

If you have any questions, please do not hesitate to call me.

Sincerely,



Kathy Zampella
Legal Assistant

klz
Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 1729 NORTHGATE ENTERPRISES, LLC

ARTICLE II - Address:

The mailing address and street address of the Limited Liability Company is:

Principal Office Address:

1729 Northgate Blvd.
Sarasota, FL 34234

Mailing Address:

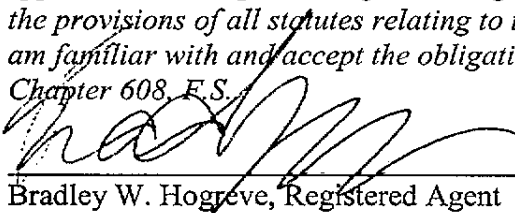
1729 Northgate Blvd.
Sarasota, FL 34234

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

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

Bradley W. Hogleve
100 Wallace Avenue, Suite 310
Sarasota, FL 34237

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.


Bradley W. Hogleve, Registered Agent

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

MGRM

Name and Address:

CLIVE LAWSON
1729 Northgate Blvd., Sarasota, FL 34234


BRADLEY W. HOGLEVE, authorized representative

(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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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