

W5000080601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

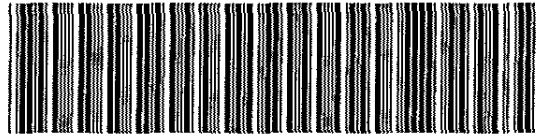
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TALLAHASSEE, FLORIDA

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W5-80601
JK

LABARBERA & CAMPBELL
Attorneys and Counselors at Law

MICHAEL D. LABARBERA
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1907 WEST KENNEDY BOULEVARD
TAMPA, FLORIDA 33606-1530
(813) 251-1940 FAX: (813) 251-3240

August 10, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Wykava Properties, LLC

To whom it may concern:

Articles of Organization and fees are submitted for filing the above Limited Liability Company.

Filing Fee	\$100.00
Designation of Registered Agent	25.00
Certified Copy	<u>30.00</u>
Total	\$155.00

Please return all correspondence concerning this matter to the following:

Michael D. LaBarbera, Attorney
LaBarbera & Campbell
1907 W. Kennedy Blvd.
Tampa, FL 33606

For further information on this matter, please call Michael D. LaBarbera at 813-251-1940.

Very truly yours,



Pamela Dixon, Legal Assistant to
Michael D. LaBarbera

/pd

cc: Wykava Properties, LLC

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wykava Properties, 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:

April Day
(Name of Person)

Wykava Properties, LLC.
(Firm/Company)

6710 Benjamin Road - #600
(Address)

Tampa, FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

April Day at (813) 880-8445
(Name of Person) (Area Code & Daytime Telephone Number)

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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wykava Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

6710 Benjamin Road

#800

Tampa, FL 33634

Mailing Address:

6710 Benjamin Road

#800

Tampa, FL 33634

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

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

APRIL DAY

Name

6710 BENJAMIN ROAD #800

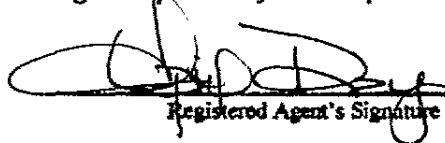
Florida street address (P.O. Box NOT acceptable)

TAMPA

FLORIDA 33634

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, Florida Statutes..


Registered Agent's Signature

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

Russell Alonzo

6710 Benjamin Road - #600

Tampa, FL 33634

MGRM

April Day

6710 Benjamin Road - #600

Tampa, FL 33634

MGRM

Evan Alonzo

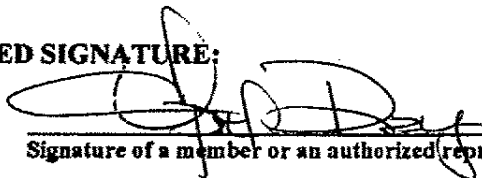
6710 Benjamin Road - #600

Tampa, FL 33634

(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 herein are true.)

APRIL DAY

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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