

L05 000087401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

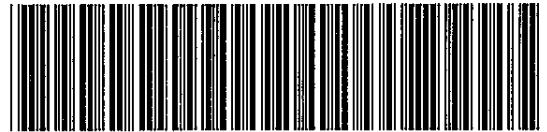
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Patty-Lynne Holdings, LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☒ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

WL 9/6 11:00

**ARTICLES OF ORGANIZATION OF PATTY-LYNNE HOLDINGS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the Limited Liability Company is **PATTY-LYNNE HOLDINGS, LLC.**

ARTICLE II - Address:

The mailing address of the Limited Liability Company is:

52 Citrus Drive
Palm Harbor, Florida 34684

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

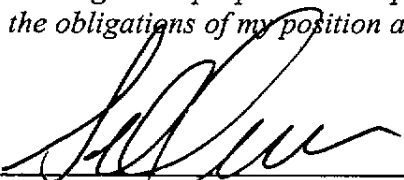
52 Citrus Drive
Palm Harbor, Florida 34684

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

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

Sal Troiano.
52 Citrus Drive
Palm Harbor, Florida 34684

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

ARTICLE IV - Management (Check box if applicable):

STATE OF FLORIDA

)

) ss:

COUNTY OF PINELLAS

)

The foregoing instrument was acknowledged before me this 31st day of August, 2005, by Sal Troiano.



Miranda K. Croft

Notary Public Name: Miranda K. Croft

State of Florida at Large

My commission expires: 4-14-07

Personally known: ✓ OR

Produced I.D.: _____

Type of Identification Produced: _____

☐ The Limited Liability Company is to be managed by one manager and is, therefore, a manager - managed company. The name and address of the manager are:

Sal Troiano.
52 Citrus Drive
Palm Harbor, Florida 34684

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Limited Liability Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

ARTICLE VI — Indemnification:

Pursuant to 608.4229, the Limited Liability Company shall have the power to indemnify any member or manager, or any former member or manager, to the full extent permitted by law from and against any and all claims whatsoever.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31st day of August, 2005.



Sal Troiano

(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.)