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(Requestor's Nam	e)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:				
Special instructions to raing Officer.				
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Office Use Only



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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: 43rd Street, LLC (Name of Limited Liability Company)			.
	•	• • •	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
Natalie C	Conner		
<u> </u>		Name of Person)	
	(Firm/Company)	
2662 W	Vina Del Mar Ri	vd	
2662 W. Vina Del Mar Blvd.			
Ct Doto	Dooch El 227	ne ne	
St. Pete Beach, FL 33706 (City/State and Zip Code)			
	(4-1)	,	
For further information	concerning this matter, please	call:	
Janice Harllee	•	at (770) 690-87	00
	e of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	✓ \$160.00 Filing Fee, Certificate of Status &
	certificate of status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Addres Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporatio Clifton Building	ns D
	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle P

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
43rd Street, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
Natalie Conner 2662 W. Vina Del Mar Blvd. ST. Pete Beach, FL 33706 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another		
Natalie Conner			
Name			
2662 W. Vina Del Mar Blvd.			
Florida street address (P.O. Box <u>NOT</u> acceptable)			
St. Pete Beach, City, State, an	FL 33706		
Having been named as registered agent and to ac liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

11-1-05

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 MGRM Natalie Conner 2662 W. Vina Del Mar Blvd. St. Pete Beach, FL 33706 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/01/05 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Janice Harllee

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fec for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)