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(Requestor's Name) (Address) (Address)	400061330584
(City/State/Zip/Phone #)	11/15/0501025005 **250.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APPHUVED OS NOV 15 PM 12: 52 SECRETIVIT. OF STATE TALLAHASSEE, FLORIDA
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.

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Czervick Development

(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:

Alexander M. Miguel

(Name of Person)

Czervick Management

(Firm/Company)

7305 Egypt Lake Drive

(Address)

Tampa, Florida 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander M. Miguel

(Name of Person)

at (<u>813</u>) <u>625-6500</u> (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Czervick Development, 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:

7305 Egypt Lake Drive Tampa, Florida 33614 7305 Egypt Lake Drive Tampa, Florida 33614

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street	address of the registered agent are:	E SA	NON	Ţ
Alexander	M. Miguel	ASSE	a	<u></u> <u></u> <u></u> <u></u> <u></u>
	Name			Bes
7305 Egy	pt Lake Drive	HOL AISI	ŝ	Ľ
	Florida street address (P.O. Box NOT acceptable)	B H	53	
Tampa	FT 33614			

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alexander M. Miguel 7305 Egypt Lake Drive
	Tampa, Florida 33614
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (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.)

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.) Alexander M. Miguel Typed or printed name of signee	<u>UIRED</u> SIGNAT	An		
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Alexander M. Miguel	Signal	ure of a member or an	n authorized represent	ative of a member.
	of this	document constitutes a	n affirmation under the	
Typed or printed name of signee	Alex	ander M. Miguel		
		Typed or	printed name of signee	<u> </u>
	iling Fees:			

05 NOV 15 PH 12: 53

- of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)