19 2005 12:22FM

Page 1 of t

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000287868 3)))

EFFECTIVE DAT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: DAVID C. HASTINGS, CPA, PA

Account Number : 120000000168

Phone

: (727)322-0909

Fax Number

: (727)322-0520

#### LIMITED LIABILITY COMPANY

2935 57TH SOUTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

上は、	35 T
	<u>_</u> 0
	]>
-	.,,3
	٦پ

Name Availability

Document Examiner Electronic Filing Menu.

Componente Filing.

Public Access Help

**ncc** Updater Ho aer ::0 DCC ic' no ledgement

HOT0002878683

https://efile.sumbiz.org/scripts/efileovr.exe

12/19/05

3

FAX NO. :7273220520

## HU5000 2878683

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	EI-	Name:
--------	-----	-------

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "I.,C.,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4691 SKIMMER WAY S	4691 SKIMMER WAY S
ST PETERSBURG, FL 33711	ST PETERSBURG, FL 33711
ARTICLE III. Registered Agent. R	tegistered Office, & Registered Agent's Signature:
	is own Registered Agent. You must designate an individual or another
The name and the Florida street address	ss of the registered agent are:
<u> </u>	RS CPA

2207 54TH ST S

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

GULFPORT, FL 33707

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 (REQUITED)

(CONTINUED) Page 1 of 2

HO50002878683

# HOT000287868 3

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** ANTHONY W STROUD 4891 SKIMMER WAY S ST PETERSBURG, FL 33711 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: DECEMBER 15, 2005 (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 a fauthorized 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.) ANTHONY W STROUD Typed or printed name of signed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Page 2 of 2