

206000085523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

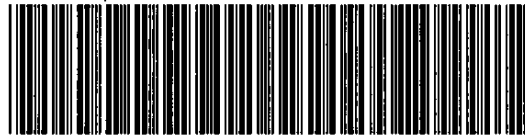
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

206-85523  
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**JOSEPH GIAMBALVO**

1012 Drew Street  
Clearwater, FL 33755  
Phone (727) 461-4041 - Fax (727) 443-3443  
Email - [LawJoeG@aol.com](mailto:LawJoeG@aol.com)

August 28, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: George Makris, LLC

Dear Sirs:

I enclose an original and one copy of the Articles of Organization for George Makris, LLC and my firm escrow check in the amount of \$125.00 to cover the filing fee. I would ask that you please return to my office acknowledgment of filing, a self addressed stamped envelope is attached for that purpose.

I am the authorized representative for George Makris and the registered agent for George Makris, LLC.

Thank you for your assistance.

Very truly yours,

  
JOSEPH GIAMBALVO

JG/gbm  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

George Makris, 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:

3399 118th Avenue, North  
St. Petersburg, FL 33716

#### Mailing Address:

Same

### 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:

Joseph Giambalvo, Esquire

Name

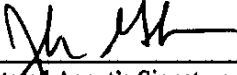
1012 Drew Street

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

Clearwater, FL 33755

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

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STATE  
SECRETARY OF  
TALLAHASSEE  
DRID

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**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

George Makris

3399 118th Avenue, North

St. Petersburg, FL 33716

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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(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.)

**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.)

Joseph Giambalvo, Esquire

Typed or printed name of signee

**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)**