

LO6000108387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

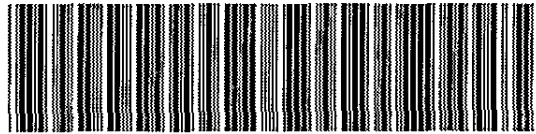
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/8

Office Use Only



100081037141

11/03/06--01013--030 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -7 PM 1:05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 13th STREET OF GAINESVILLE, LLC
(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:

NICHOLAS VENTRELLA

(Name of Person)

BUSINESS BOOKKEEPING SERVICE, INC.,

(Firm/Company)

2711 NW 6 STREET _ SUITE F

(Address)

GAINESVILLE, FL 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS VENTRELLA

(Name of Person)

at (

352-375-2797

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

13th STREET OF GAINESVILLE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1310-C NW 23 AVENUE
GAINESVILLE, FL 32609

SAME AS OFFICE ADDRESS

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

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

RAY F. ALLEN

Name

4468 VIENNA WOODS WAY

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

GAINESVILLE FL 32605

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.

Ray F. Allen

Registered Agent's Signature
RAY F. ALLEN

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -7 PM 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

Name and Address:

MGR

RAY F. ALLEN
4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605

MGRM

PAT AMERSON
144 LOUANA COVE
HOT SPRINGS, ARKANSAS 71913

MGRM

MICHAEL ALLEN
8470 SW 10 PLACE
GAINESVILLE, FL 32601

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 MGR.

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.)

RAY F. ALLEN

Typed or printed name of signee