LOCODI	18138
(Requestor's Name) (Address)	100082427361
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/11/0601010021 **125.00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 06 DEC 11 PM 2: 43 SECRETARY OF STATE TALLANACISE, FLORDA
Office Use Only	

-

might

TRANSMITTAL LETTER

TO: **Registration Section** Division of Corporations

(Name of Limited Liability Company) SUBJECT: The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kontars Powner (Name of Person) BEEPERS & Phones OF MERRITE ISLAND LLC (Firm/Company) 1000 PARK BOULENARD (Address) Ewreiches Lask FL (City/State and Zip Code) 33781

For further information concerning this matter, please call:

Run And Pownace at (727) 497-1777 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

SI25.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

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

□ \$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

<u>م</u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Briefers	N	Phonies	OF	MERRITT	ISLAND	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:
2000 Pack BLUD	1000 Park BLUD
PINELLAS PARK FL 35781	fiveurs free FL 33781
FINELING FRONT FE STOP	

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

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

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.



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

Romai				
	Inak			
PINSL	LAS F	mak	FL	33781

(Use attachment if necessary)

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

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.)

ROMALD	lowrace	
Typed or p	rinted name of sign	nee

Filing Fors:

_

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 39.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2