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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: Sunc	Oast Select, LLC	d Liability Company)		
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Robert I	H. Bonanno, Es			
	(	Name of Person)		
Suncoas	st Roofers Sup	<u></u>	TAL SE	_
	(	(Firm/Company)	CRE	7
501 N.	Reo Street		2001 MAR 1° SECRETAR' ALLAHASS	
		(Address)	7 P	_ <b>U</b>
Tampa.	, Florida 3360	9	STA FLOR	
		/State and Zip Code)	BA BA	
For further information	concerning this matter, please	call:	·	
Robert H. Bo	onanno	at ( 813 ) 383-00	050 x170	
	e of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:			
□ \$125.00 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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	).
Suncoast Select, LLC	
Must end with the words "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
501 N. Reo Street	501 N. Reo Street
Tampa, Florida 33609	Tampa, Florida 33609
	4
Tampa, Florida 33609	registered agent are:  Esq.  e  ddress (P.O. Box NOT acceptable)  FL
City, State,	, and Zip
liability company at the place designated in registered agent and agree to act in this capacitatutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	MGRM	William Tamayo 501 N. Reo Street Tampa, Florida 33609		
	MGRM	Thomas V. Walker 501 N. Reo Street Tampa, Florida 33609		
	MGRM	Charles Kretchman 501 N. Reo Street Tampa, Florida 33609	2001 MAR SECREIT	
		See Attachment	19 P 3	LED
	(Use attachment if necessary)		ATE RIDA	
(If an e	RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) f an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)			
	REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a me	ember.	
(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.)				
Robert H. Bonanno, Esq.  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)

# SUNCOAST S'elect, LLC Attachment ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Angela Christenson 501 N. Reo St. Tampa, FL 33609			
MGRM	Jaseph A. Mila 501 N. Rea st Tampa, FL 33409			
	ASSEE P D STATE OF ST			
(If an effective date is listed, the date m	n the date of filing: (OPTIONAL) ust 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 of 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.)				
Filing Fees:	Typed or printed name of signee			
\$125.00 Filing Fee for Articles of of Registered Agent	Organization and Designation			

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