# 3056.75°

(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:					
LC					

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## **COVER LETTER**

	stration S sion of Co	ection orporations					
SUBJECT:		PARK	PLACE				
			(Name of Lim	ited Lial	oility Comp	any)	
The enclosed	Articles o	of Organizatio	n and fee(s) are	e submit	ted for filin	g.	
Please return	all corresp	oondence con	cerning this ma	atter to th	ne following	g:	
<del></del>		ANTH	ONY 1	w.	STOUG	SH	
				(Name	of Person)		٥
				(Fi //			
	(Firm/Company)						
		1634	F SA	U P	204	DRIV	<u>E</u>
				(Ad	ldress)		
		Dun	EDIN	<u>,                                    </u>	ELOR	104	34698
			(C	ity/State	and Zip Code	e)	
For further int	formation	concerning th	nis matter, plea	se call:			
PATTI		Ü	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TYSIAR	ST	OUGH		at (	727	733	-3769 Telephone Number)
	(Name	of Person)		-	(Area Cod	e & Daytime	Telephone Number)
Enclosed is a	check fo	or the follow	ing amount:				
□ \$125.00 Fi	ling Fee		0 Filing Fee & e of Status	Cer	\$155.00 Fi tified Cop litional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		P.O. Box 6	n Section f Corporations		Registration Division But 2661 Exe	ourier Addression Section of Corporational Society of Corporational Country of Control of Corporational Control of Corporational Corporational Corporation of Corporational Corporation of Corporation of Corporational Corporation of Corporation of Corporational Corporation of C	ons er Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
PARK PLACE 4 (Must end with the words "Limited Liability Company, "Limited	Ćompany" or their ab	breviation "LLC," or	· "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of th	ne Limited Liab	ility Company
Principal Office Address:	Mailing Addre	<u>ss:</u>	
1634 SAN ROY DR DUNE OIN FL 34698	PUNE	AN ROY 31N 34698	р <i>г</i> 
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Regist red Agent. You must d	ered Agent's S lesignate an individu	ignature:
The name and the Florida street address of the re-	gistered agent are	e:	SECRETARY ISION OF C
ANTHONY (	L. STOUG	<u>.</u>	ದ್"ಗಡ
1634 SAN		<del>_</del>	PH 2: 4
Duwebiw City, State, an	FL 3469	-	<b>5</b>
	d 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)

### 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:
MGR	PATRICIA M. STOUGH 1634 SAN ROY DE DUNDOIN, FL 34698
MGR	ANTHONY W. STOUGH  1634 SAN ROY  DUNEDIN, FL 34698

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 17, 2007. (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.)

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)