

LO7 0000 80033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

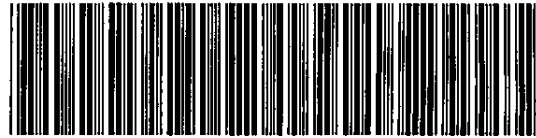
(Business Entity Name)

(Document Number)

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

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07/09/07--01052--019 \*\*165.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO7-80033  
OK

EXPIRATION DATE  
7-28-07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2007

JAY RECKENWALD  
634 FAIRMONT STREET  
CLEARWATER, FL 33755

SUBJECT: JAY RECKENWALD, LLC  
Ref. Number: W07000032660

We have received your document for JAY RECKENWALD, LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 9, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 407A00043918

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Jay Reckenwald, 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:

Jay Reckenwald  
(Name of Person)

Jay Reckenwald, LLC  
(Firm/Company)

634 Fairmont Street  
(Address)

Clearwater, FL 33755  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jay Reckenwald at ( 727 ) 418-7041  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Michelle I. Greenberg, C.P.A., P.A.

4805 West Laurel Street, Suite 100  
Tampa, Florida 33607

Phone (813) 334-0433 • Fax (813) 289-1959

E-mail: mgreenberg@clvalue.com

May 25, 2007

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Acceptance of Appointment as Registered Agent for Jay Reckenwald, LLC

On behalf of Jay Reckenwald, LLC, I, Michelle I. Greenberg, CPA, accept the appointment as registered agent. I, Michelle I. Greenberg, CPA, state that I am familiar with, and accept, the obligations of the position as registered agent.

Accepted By:

A handwritten signature in cursive script that reads 'Michelle I. Greenberg, CPA'.

Michelle I. Greenberg, CPA

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jay Reckenwald, 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:

634 Fairmont Street  
Clearwater, FL 33755

#### Mailing Address:

634 Fairmont Street  
Clearwater, FL 33755

### 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:

Michelle I. Greenberg, CPA

Name

4805 W. Laurel Street, Suite 100

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

Tampa, FL 33607

FL

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..*

Michelle I. Greenberg, CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA  
EFFECTIVE DATE  
7-25-07

**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:**

MGRM

Jay Reckenwald

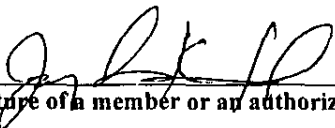
634 Fairmont Street

Clearwater, FL 33755

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 25 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.)

Jay Reckenwald  
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)

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