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SECRETARY OF STATE



COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJ	FCT. Johnson	, Steele and Bla	ack LLC		
30130	(Name of Limited Liability Company)				
The en	nclosed Articles of Or	ganization and fee(s) are	submitted for filing.		
Please	return all correspond	lence concerning this ma	tter to the following:		
	Wayne Tope)			
			(Name of Person)		
			(Firm/Company)		
	13176 N Da	le Mabry Highw	yay #601		
			(Address)		
	Tampa, FL 3		· ·		
		(Ci	ity/State and Zip Code)		
For fu	rther information con	cerning this matter, pleas	se call:		
	(Name of I		at () (Area Code & Daytime Tele	-hNh	
	(Name of i	rerson)	(Area Code & Daytime Tele	pnone Number)	
Enclos	sed is a check for th	e following amount:			
√ \$125.		\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	F C F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lightlity Comm	anny io
The name of the Limited Liability Comp	any is:
Johnson, Steele and Black LL	.C
	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13176 N Dale Mabry Highway #601	13176 N Dale Mabry Highway #601
Tampa, FL 33618	Tampa, FL 33618
The name and the Florida street address Wayne Tope	of the registered agent are:
40470 N Dala 1	
	Mabry Highway #601
	treet address (P.O. Box <u>NOT</u> acceptable)
Tampa	_{FL} 33618
City	, State, and Zip
liability company at the place designa	and to accept service of process for the above stated limited tted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all
statutes relating to the proper and comp	plete 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
///	
	a 197
Registered Agent'	s Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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	
MGMR	Wayne Tope
	13176 N Dale Mabry Highway #601
	Tampa, FL 33618
MGMR	Patricla A. Tope
	13176 N Dale Mabry Highway #601
	Tampa, FL 33618
	, , , , , , , , , , , , , , , , , , , ,

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 1, 2008</u>. (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)

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