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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

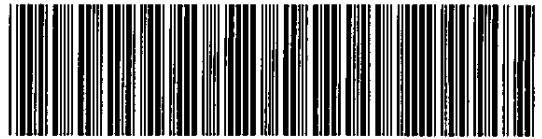
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN - 7 PM 2:24

T. Hampton JAN - 8 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TradeStore, 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:

Mr. Michael P. Siewruk

(Name of Person)

(Firm/Company)

3 Formosa Ave.

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael P. Siewruk

(Name of Person)

at ( 813 ) 416-1900  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

TradeStore, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

3 Formosa Ave., Tampa, FL 33606

**Mailing Address:**

(same)

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael P. Siewruk

Name

3 Formosa Ave.

Florida street address

Tampa, FL 33606

City, State, 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)

**(CONTINUED)**

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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:

<u>Title</u>	<u>Name and Address</u>
MGRM	Michael P. Siewruk 3 Formosa Ave. Tampa, FL 33606

**ARTICLE V – Effective date, if other than the filing date: (filing date).**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a Member or authorized representative of a member.

(In accordance with 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.)

Michael P. Siewruk  
Typed or printed name of signee