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PICK-UP	☐ WAIT	MAIL 1
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECTIONS OF STATE PLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE6	Thatcher4613, LLC. (Name of Limited L	iability Compa	any)		
The encl	osed Articles of Organization and fee(s) are subn	nitted for filing	3.		
Please re	eturn all correspondence concerning this matter to	the following	,*	•	
٦	Fimothy Belcastro				
_		ne of Person)	***************************************		
(Chem-Stat, Inc.				
_	(Fire	m/Company)			
4	1606 West Crest Avenue				08
_	(Address)			跨量也
_	Tampa, Florida 33614				製二百
	. (City/Sta	te and Zip Code)		帝。
For furth	er information concerning this matter, please call	l:			08 JAN 11 PH 12: 27
Timo	othy Belcastro	813	870-24	36	7
	(Name of Person)		& Daytime Tel	ephone Number)	
Enclose	d is a check for the following amount:				
□ \$125.00	Certificate of Status	\$155.00 Filing Certified Cop (additional copy	бу	\$160.00 Filing Fed Certificate of State Certified Copy (additional copy is con-	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Branch 2661 Exe	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Thatcher4613, LLC. (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4606 West Crest Avenue Tampa, Florida 33614	4606 West Crest Avenue Tampa, Florida 33614
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Timothy Belcast	ro ga
4606 West Cres Florida street a Tampa, Florida 3 City, State	address (P.O. Box <u>NOT</u> acceptable)
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

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:

	
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	——— 表表 二
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	OPTIONA PAR
date of filing:	(OPTIONA 虽美
specific and cannot be more than fi	ve business days prior
	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.)

Timothy Belcastro, Member

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)