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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	FCT. Park Avenue Management, LLC		
301301	(Name of Limited Liability Company)	-	
The en	aclosed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Samantha L. Dammer, Esq.		_
	(Name of Person)		
	Attorney at Law		
	(Firm/Company)		•
	4100 W. Kennedy Blvd., Suite 312	80	ON S
	(Address)	<u> </u>	SIOR RE
	Tampa, FL 33609	08 JAN 28	SEA CENT
	(City/State and Zip Code)	PM	380
For fur	rther information concerning this matter, please call:	£: 12	RATION
Sam	nantha L. Dammer, Esq. at 813 282-7410	_	<i>G</i>
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the following amount:		
<b>\$125</b>	.00 Filing Fee Status Certified Copy (additional copy is enclosed)  See Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &	))
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallabassee, FL 32314 CSTREET/Courier Address Registration Section Division of Corporations Clifton Building Tallabassee, FL 32314 C661 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:
Park Avenue Management, LLC (Must end with the words "Limited Lie	ability 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:
4221 W Spruce, #1217 Tampa, FL 33607	4221 W Spruce, #1217 Tampa, FL 33607
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Samantha L. Dami Nam  4100 W. Kennedy Florida street Tampa, FL 33609	mer, Esq.  Blvd., Suite 312  address (P.O. Box NOT acceptable)
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to 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 existered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	James P. Anthony
	4202 S. Drexel
	Tampa, FL 33611
MGR	James J. Warner
	4221 W Spruce, #1217
	Tampa, FL 33607
(Use attachment if necessary)	08 JAN 28 PM
(Ose attachment if necessary)	
CLE V: Effective date, if other than the defective date is listed, the date must be so days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days
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.)

Samantha L. Dammer, Esq.

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)