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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	4
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Office Use Only



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COVER LETTER

	ation Section n of Corporations	
SUBJECT: 6	10-508 Island Way	LLC
		ted Liability Company)
The enclosed Ar	ticles of Organization and fee(s) arc	submitted for filing.
Please return all	correspondence concerning this mat	ter to the following:
David	d McTamney	
		(Name of Person)
		(Firm/Company)
200	Township Line Rd	
	·	(Address)
Blue	Bell, PA 19422	
	(Ci	ty/State and Zip Code)
For further infor	mation concerning this matter, pleas	e call:
David Mo	Tamney	at (610) 476-8484 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a cl	heck for the following amount:	
✓ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

610-508 Island Way LLC

(Must end with the words "Limited Liability 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: James Rodden 610 Island Way Unit 508 Clearwater Seach, FL 33767 Mailing Address: David McTomney 200 Township Line Rd Blue Bell, PA 19422

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 husiness entity with an active Florida registration.)

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

NRAI Services, Inc.						
Name						
2731 Executive Park Dr. Steet						
Florida street address (P.O. Rox NOT acceptable)						
Weston 12 33331						
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..

Registered Agent's Signature (REQUIRED) 2-21-08

Xonda Diven, Assistant Secretary

(CONTINUED)
Page 1 of 2

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" = Manag			
MOIGN — Mai	naging ivicinoci		
MGRM		James Rodden	
		385 Ocean Blvd Apt 5c	
		Long Branch, NJ 07740	
MGRM		David McTamney	
		200 Township Line Rd	
		Blue Bell, PA 19422	
MGRM		Collette McTamney	
		200 Township Line Rd	
		Blue Bell, PA 19422	
			
(Use attachment	if necessary)		
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	Signature of a member	or an authorized representative of a member.	≥≥ :: ::
	(In accordance with sect		1:51 STATE ORIDA
	that the facts stated he	utes an affirmation under the penalties of perjury	

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)

Typed or printed name of signee