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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
AFLAHASSEE. FLORIDA

T. CLINE

APR 25 2008

EXAMINER

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|--|
| SUBJE | _{CT:} 2006 13TH LLC | | | | | |
| | (Name of Limited Liability Company) | | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | | | |
| Please 1 | eturn all correspondence concerning this matter to the following: | | | | | |
| | ALAN STEIN | | | | | |
| • | (Name of Person) | | | | | |
| ALAN STEIN ACCOUNTING & TAX SERVICE INC. | | | | | | |
| | (Firm/Company) | | | | | |
| _ | 3930 STATE ROAD 64 E | | | | | |
| (Address) | | | | | | |
| | BRADENTON FL 34208 | | | | | |
| | (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| ALAI | N STEIN (Name of Person) at (941) 749-5364 (Area Code & Daytime Telephone Number) AFT ARR APR 24 | 77 | | | | |
| Enclose | ed is a check for the following amount: | | | | | |
| √ \$125.0 | O Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bis 155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | ************************************** | | | | |
| | Mailing Address Street/Courier Address | | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

2006 13TH 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: | Mailing Address: |
|---------------------------|------------------------|
| 705 33RD ST CT W APT A | 705 33RD ST CT W APT A |
| BRADENTON FL 34205 | BRADENTON FL 34205 |

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 business entity with an active Florida registration.)

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

EDWIN BLOEMSMA

Name

705 33RD ST CT W APT A

Florida street address (P.O. Box NOT acceptable)

BRADENTON FL 34205

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)

(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:

| <u>Title:</u> | Name and Address: | |
|--|--|-------------|
| "MGR" = Manager "MGRM" = Managing Member | | |
| MGRM | EDWIN BLOEMSMA | |
| | 705 33RD ST CT W APT A | |
| | BRADENTON FL 34205 | |
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| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than | the date of filing: (OPTI | IONAL) |
| (If an effective date is listed, the date mu | st be specific and cannot be more than five busines | |
| to or 90 days after the date of filing.) | TAL | 200 |
| | | = |
| REQUIRED SIGNATURE: | HETA | 2008 APR 24 |
| | SSERY | |
| | | |
| Signature of a me | ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution | AMII: 26 |
| (In accordance with | th section 608.408(3), Florida Statutes, the execution | 26 |
| | constitutes an affirmation under the penalties of perjury ted herein are true.) | |

EDWIN BLOEMSMA

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)