

LD5000047086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

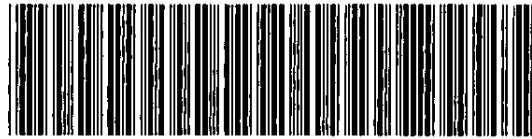
L. SELLERS

MAY 12 2008

EXAMINER

1108-11237

Office Use Only



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03/17/08--01041--015 **130.00

FILED
2008 MAY -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oldsmar LP, 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:

Scott Alexander Wood

(Name of Person)

Oldsmar LP, LLC

(Firm/Company)

P.O. Box 24418

(Address)

Tampa, FL 33623-4418

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Alexander Wood

(Name of Person)

at (813) 251-2130

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2008

SCOTT ALEXANDER WOOD
P.O. BOX 24418
TAMPA, FL 33623-4418

SUBJECT: OLDSMAR LAND PARTNERS, LLC
Ref. Number: W08000014337

We have received your document for OLDSMAR LAND PARTNERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00016375

Please file the document under
Oldsmar LP, LLC as indicated on
the following pages.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2008

SCOTT ALEXANDER WOOD
P.O. BOX 24418
TAMPA, FL 33623-4418

SUBJECT: OLDSMAR LAND PARTNERS, LLC
Ref. Number: W08000014337

We have received your document for OLDSMAR LAND PARTNERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00027023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oldsmar Hotel Partners, LLC
~~Oldsmar Land Partners, LLC~~ ~~Oldsmar LP, LLC~~
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3803 W. San Nicholas St.
Tampa, FL 33629-6307

Mailing Address:

P.O. Box 24418
Tampa, FL 33623-4418

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:

Scott Alexander Wood

Name

3803 W. San Nicholas St.

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

Tampa

FL 33629-6307

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

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Scott Alexander Wood

P.O. Box 24418

Tampa, FL 33623-4418

MGRM

Creigh A. Bogart, CCIM

P.O. Box 24418

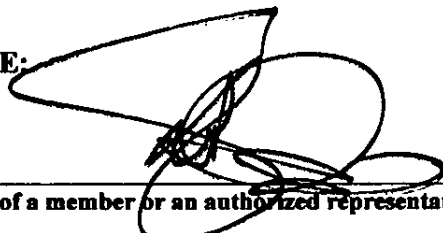
Tampa, FL 33623-4418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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.)

Scott Alexander Wood

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)