

LD8000063960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

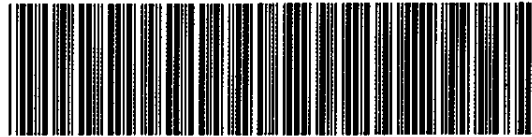
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only

Called 7/1/08
Advised when original
received July 18, 07
OK to delete
effective date
per Leslie Lambert
4/1/08



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07/18/07--01045--005 **130.00

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08 JUL -1 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUL 1 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2007

LESLIE LAMBERT
4313 W GRANADA ST
TAMPA, FL 33629

SUBJECT: 4311 W GRANADA LLC
Ref. Number: W07000034643

We have received your document for 4311 W GRANADA 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 18, 2007. Please amend your document 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 607A00045570

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4311 W GRANADA 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:

LESLIE LAMBERT
(Name of Person)

(Firm/Company)

4313 W GRANADA ST
(Address)

Tampa FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE LAMBERT at (813) 832-6777
(Name of Person) (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

**ALDAY-DONALSON TITLE AGENCIES
OF AMERICA, INC.**

**2703 W. Kennedy Blvd.
Tampa FL 33609**

FAX COVER SHEET

Date: 7/1

To: Nanette 850-245-6030

From: Leslie Lambert @ Alday-Donalson Title
Phone: (813) 876-3771
Fax: (813) 874-2801
Email: leslie.lambert@alday-donelson.com

RE: LLC filing

Fax includes 7 pages (including covers sheet)

Message:

Any help you can provide
is most appreciated!



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4311 W GRANADA, 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:

4313 W GRANADA ST
Tampa FL 33629

Mailing Address:

4313 W GRANADA ST
Tampa FL 33629

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:

Leslie Lambert
Name
4313 W GRANADA ST
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33629
City, State, and Zip

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John H. Stone Jr.
511 Highland Ave
Orlando FL 32801

MGR

Louise Herman
4313 W. GRANADA ST
Tampa FL 33629

MGRM

LESLIE LAMBERT
4313 W GRANADA ST
Tampa FL 33629

(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.)

JOHN H. STONE
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)

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TALLAHASSEE, FLORIDA

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