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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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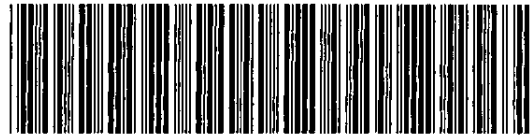
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. BRYAN

AUG 22 2008

EXAMINER

## KOMNINOS LAW GROUP, LLC

*Attorneys at Law*

(813) 251-3444 (Telephone)

(813) 769-3534 (Facsimile)

www.KFLawGroup.com

Serving: Tampa, New Tampa, Dade City, Wesley Chapel & Zephyrhills

August 18, 2008

**Please Reply To:**

X 8270 Woodland Center Blvd.  
Tampa, FL 33614

□ 7320 East Fletcher Ave.  
Tampa, FL 33637

□ 5225 8<sup>th</sup> Street  
Zephyrhills, FL 33542

**VIA US MAIL**

Registration Section

Division of Corporations

Post Office Box 6327

Tallahassee, Florida 32314

Dear Sir/Madame:

Please find enclosed:

1. The original Transmittal Letters for **All Tampa Building Services, LLC**;
2. One (1) original of Articles of Organization for each LLC;
3. One (1) copy of the Articles of Organization for each LLC; and
4. One (1) check in the amount of one hundred and sixty dollars (\$160.00) to cover the filing fees and to obtain a certified copy of the Articles of Organization and Certificate of Status for each LLC.

Please file the aforementioned and provide a filed copy to me along with any other information that you provide to members/managers of newly formed Florida LLC.

If you should have any questions and/or concerns, please do not hesitate to contact me directly.

Sincerely,



Tom Komninos

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: All Tampa Building Services, 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:

**Spiro T. Komninos**

(Name of Person)

**Komninos Law Group, LLC**

(Firm/Company)

**8270 Woodland Center Blvd.**

(Address)

**Tampa, Florida 33614**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Spiro T. Komninos**

(Name of Person)

at ( **813** ) **251-3444**

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

All Tampa Building Services, 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:

All Tampa Building Services, LLC

1449 Clearglades Drive

Wesley Chapel, Florida 33543

#### Mailing Address:

All Tampa Building Services, LLC

1449 Clearglades Drive

Wesley Chapel, Florida 33543

### 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:

Wade Angel

Name

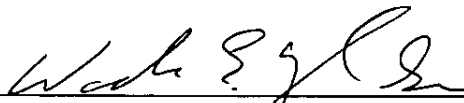
1449 Clearglades Drive

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

Wesley Chapel FL 33543

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)

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Page 1 of 2

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**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

Wade Angel

1449 Clearglades Drive

Wesley Chapel, Florida 33543

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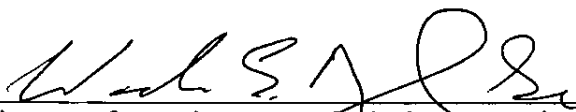
(Use attachment if necessary)

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**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.)

Wade Angel

\_\_\_\_\_  
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)