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**EXAMINER** 



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DIVISION OF CORPERATION:

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: Ybor H	lavana, LLC			
	(Name of Limite	d Liability Comp	oany)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filir	ıg.	
Please return all corresp	ondence concerning this matte	er to the followin	g:	
Kenneth A	Olipra			
	(	Name of Person)	-	
Ybor Hava	ana, LLC			
<del></del>	(	Firm/Company)		
861 Harbo	r Island			
		(Address)		
Clearwate	r, FL 33767			
	(City	State and Zip Cod	e)	
For further information of	concerning this matter, please	call:		
Kenneth A Olip	ra	at ( 727	. 4444458	3
	of Person)		le & Daytime Tele	ephone Number)
Enclosed is a check fo	r the following amount:			
▼\$125.00 Filing Fee [	\$130.00 Filing Fee & [ Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$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	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301	Pircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Ybor Havana, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
861 Harbor Island, Clearwater, FL 33767	861 Harbor Island, Clearwater, FL 33767
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Kenneth A Olipra	——————————————————————————————————————
Name	
861 Harbor Island	
Florida street addre	ess (P.O. Box NOT acceptable)
Clearwater, FL 33767	FL SS (F.O. Box NOT acceptable)
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and fred agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Kenneth A Olipra
- "	861 Harbor Island
	Clearwater, FL 33767
(Use attachment if necessary  CLE V: Effective date, if other	•
CLE V: Effective date, if other	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.  REQUIRED SIGNATURE	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days)
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.  REQUIRED SIGNATURE  Signature of (In accordance) of this documents.	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days

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)