

LO8000/13994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

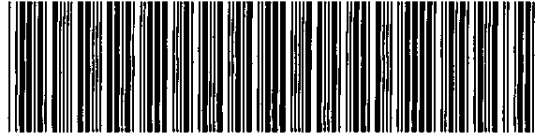
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/26/08--01020--005 **160.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. O'Connell

DEC 15 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pair of Aces 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:

Jonathan Andrews
(Name of Person)

(Firm/Company)

5019 Terrace Palms Cir. Unit #101
(Address)

Tampa, FL. 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Andrews at (813) 956-5411
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2008

JONATHAN ANDREWS
5019 TERRACE PALM CIRCLE
UNIT #101
TAMPA, FL 33617

SUBJECT: PAIR OF ACES LLC
Ref. Number: W08000053507

We have received your document for PAIR OF ACES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 1 of the Articles. I am enclosing the form.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 408A00058684

(2) 10/20/08

1. Non payment of the enclosed fee of \$160.00. Please call

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COVER LETTER

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Division of Corporations**

SUBJECT: Pair of Aces LLC
(Name of Limited Liability Company)

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Please return all correspondence concerning this matter to the following:

Jonathan D. Andrews

(Name of Person)

(Firm/Company)

5019 Terrace Palms Circle Unit #101

(Address)

Tampa, FL. 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

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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:

Pair of Aces 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:

5019 Terrace Palms Circle Unit #101
Tampa, FL. 33617

Mailing Address:

PO BOX 340335
Tampa, FL. 33694

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:

Jonathan D. Andrews

Name

5019 Terrace Palms Circle Unit #101

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

Tampa

FL

33617

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:

MGR

James R. Raymer

14708 Par Club Circle

Tampa, FL. 33618

MGR

Jonathan D. Andrews

5019 Terrace Palms Circle Unit #101

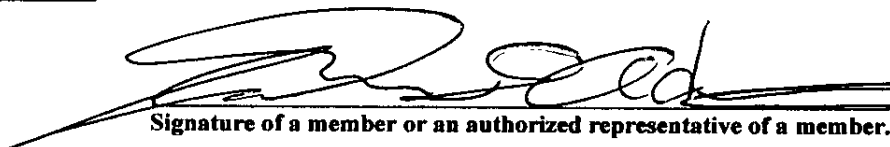
Tampa, FL. 33617

(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.)

Jonathan D. Andrews

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)