

W0900009479

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

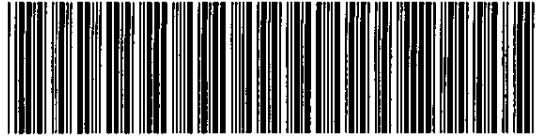
Special Instructions to Filing Officer:

**G. MCLEOD**  
Office Use Only

JAN 29 2009

**EXAMINER**

W09000001508



100139391691

01/07/09--01012--008 \*\*78.75

01/27/09--01046--003 \*\*51.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 JAN - 7 PM 1:52



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2009

VALENTIN PASHTENKO  
2066 JAMESON AVE.  
NORTH PORT, FL 34286

SUBJECT: 3304 MORCHESTER INCORPORATED  
Ref. Number: W09000001508

We have received your document for 3304 MORCHESTER INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 309A00001126

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3304 Morchester, 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:

**Valentin Pashtenko**  
(Name of Person)

**3304 Morchester, LLC.**  
(Firm/Company)

**PO Box 6740**  
(Address)

**North Port, FL 34290**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Valentin Pashtenko** at ( **941** ) **258-7313**  
(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)

*-130.00  
78.50*

*51.50 enclosed  
see Note*

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

*NOTE: 3304 Morchester was originally submitted as a "for profit" corporation with the "incorporated" suffix and a \$78.50 check was enclosed. We spoke with Gina on 1/8/09 and were told to send the difference in payment and to then submit a copy of the "for profit" rejection letter when we receive it to show that the balance was paid.*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3304 Morchester, 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:**

**Mailing Address:**

2066 Jameson Avenue  
North Port, FL  
34286

PO Box 6740  
North Port, FL  
34290

**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:

Valentin Pashtenko  
Name

2066 Jameson Avenue  
Florida street address (P.O. Box NOT acceptable)

North Port, FL 34286 FL  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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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)

**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

Valentin Pashtenko

2066 Jameson Avenue

North Port, FL 34286

MGRM

Nina Pashtenko

2066 Jameson Avenue

North Port, FL 34286

MGRM

Cynthia Pashtenko

2066 Jameson Avenue

North Port, FL 34286

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 5, 2009. (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.)

Valentin Pashtenko

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)