## LAWWO17211

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SECRETARY OF STATE
ALLAHASSEF FI COLD

D. BRUCE

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EXAMINER

## **COVER LETTER**

TO: * Registration S Division of Co							
SUBJECT: F & E	Holdings, LLC						
SUBJECT.		ted Liability Compa	my)		<del></del>		
The enclosed Articles of	f Organization and fee(s) are	submitted for filing	ţ.				
Please return all corresp	ondence concerning this ma	tter to the following:	:		•		
Frederic B	yda, Jr.						
<del></del>		(Name of Person)					
F & E Hole	dings, LLC						
		(Firm/Company)		<del></del>			
3404 W V	illa Rosa Street				TAE:	90	
		(Address)			AH	]  -  -  -	64
Tampa, Fl	_ 33611				TARY	8 19	
	(Ci	ty/State and Zip Code	)			_ ا	Ī
For further information of	concerning this matter, pleas	e call:			STATE	PM 3: 09	C
Frederic Byda,	Jr.	_at ( 813 )	629-262	0	A	_	
(Name	of Person)		& Daytime Tele	phone Numb	ег)		
Enclosed is a check fo	r the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 F Certificat Certified (additional	e of Stat Copy	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
F & E Holdings, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9404 W Villa Rosa Street	3404 W Villa Rosa Street
Tampa, FL 33611	Tampa, FL 33611
Tampa, FL 33611	egistered agent are:    TALLAHASSEE   TALLAH
City, State, a	nd Zip DE 9
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	accept service of process for the above stated limited as 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 tered agent as provided for in Chapter 608, F.S
<del>-</del>	• • •

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er
MGRM	Frederic Byda, Jr.
	3404 W Villa Rosa Street
	Tampa, FL 33611
MGR	Erica L. Byda
	3404 W Villa Rosa Street
	Tampa, FL 33611
	***************************************
•	
<i>a</i>	
(Use attachment if necessary)	
LEV: Effective date if other th	han the date of filing: (OPTIONA
ffective date is listed, the date	must be specific and cannot be more than five business day
days after the date of filing.)	
•	
DECHIDED CICNATUDE.	7AL 05
REQUIRED SIGNATURE:	L CR L CR L CR L CR L CR L CR L CR L CR
1/	B HAR
- / //	SS 8 9
d / 2.	member or an authorized representative of a member.

Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Frederic Byda, Jr.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee