

**L09000027282**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

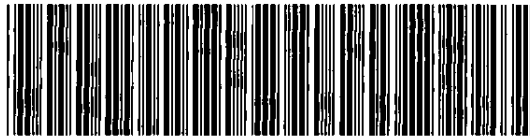
(Business Entity Name)

(Document Number)

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

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Office Use Only



**400144571504**

03/02/09--01037--018 \*\*155.00

**EFFECTIVE DATE**  
**2/27/09**

**FILED**  
**09 MAR -2 AM 10:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

N. O'Neil MAR 3 - 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ask Stamatis, 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:

**Stamatis Ferarolis**

(Name of Person)

**Ask Stamatis, LLC**

(Firm/Company)

**Post Office Box 2971**

(Address)

**Tampa, Florida 33601**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Stamatis Ferarolis** at ( **813** ) **247-6454**  
(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

March 3, 2009

STAMATIS FERAROLIS  
POST OFFICE BOX 2971  
TAMPA, FL 33601

SUBJECT: ASK STAMATIS, LLC  
Ref. Number: W09000010046

We have received your document for ASK STAMATIS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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  
Regulatory Specialist II

Letter Number: 909A00007323

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ask Stamatis, 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:

~~Post Office Box 2971~~ 5006 20TH Ave S.  
~~Tampa, Florida 33601~~ TAMPA, FL 33619

#### Mailing Address:

Post Office Box 2971  
Tampa, Florida 33601

### 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:

Stamatis Ferarolis

Name

5006 20th. Avenue, South

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

Tampa, Florida 33619

City, State, and Zip

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TALLAHASSEE FLORIDA

*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..*

Stamatis Ferarolis  
Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Stamatis Ferarolis

Post Office Box 2971

Tampa, Florida 33601

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 27, 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.)

Elizabeth Taylor

Typed or printed name of signee

**FILED**  
09 MAR -2 AM 10:05  
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)