

L09000056763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

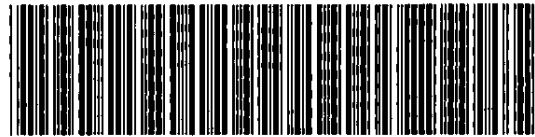
Special Instructions to Filing Officer:

A. LUNT

JUN 11 2009

EXAMINER

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06/10/09--01047--025 **250.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 10 PM 2:00

FILED

GEORGE G. PAPPAS P.A.

Attorneys and Counselors at Law

1822 North Belcher Road, Suite 200, Clearwater, Florida 33765

Telephone 727-447-4999

Facsimile 727-447-4989

Attorneys:

George G. Pappas

Jason M. Tarokh*

**also licensed in S. Carolina*

June 9, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Brightwater Blue Resort, LLC
Grand Trinity Save-a-Lot, LLC

Dear Sir or Madam:

Please process enclosed Articles of Organization for each of the above referenced Limited Liability Companies.

Our check in the amount of \$250.00 is included, representing filing fee of \$125.00 for each company.

Thank you for your assistance.

Sincerely,

*By Miriam Heater
Assistant*

George G. Pappas
GGP/mlh
Enclosure

2009 JUN 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grand Trinity Save-a-Lot, 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:

George G. Pappas

Name of Person

George G. Pappas P.A.

Firm/Company

1822 North Belcher Road, Suite 200

Address

Clearwater, Florida 33765

City/State and Zip Code

George@pappaspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George G. Pappas

Name of Person

at (727)

447-4999

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Trinity Save-a-Lot, 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:

2551 Drew Street, Suite 301
Clearwater, Florida 33765

Mailing Address:

2551 Drew Street, Suite 301
Clearwater, Florida 33765

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:

Bill W. Mazas

Name

2551 Drew Street, Suite 301

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

Clearwater FL 33765

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..

Bill W. Mazas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

Bill W. Mazas

2551 Drew Street, Suite 301

Clearwater, Florida 33765

MGRM

Sam Karamountzos

2551 Drew Street, Suite 301

Clearwater, Florida 33765

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 10, 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:

Bill W. Mazas

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.)

Bill W. Mazas

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)