

L09600081842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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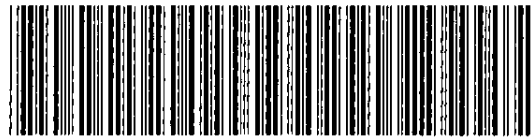
(Business Entity Name)

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EFFECTIVE DATE 8/24/09

B. KOHR

AUG 25 2009

EXAMINER

RECEIVED  
09 AUG 25 AM 10:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 AUG 25 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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EFFECTIVE DATE

8/24/09

August 25, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

6137, LLC

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

EFFECTIVE DATE 8/24/09

ARTICLES OF ORGANIZATION  
OF  
6137, LLC

FILED  
09 AUG 25 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Limited Liability Company under Florida Statutes Chapters 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.  
NAME

The name of the Limited Liability Company shall be 6137, LLC.

ARTICLE 2.  
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of August 24, 2009.

ARTICLE 3.  
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company shall be Post Office Box 590007, Orlando, Florida 32859 and the street address of the principal office of the Limited Liability Company shall be 526 Thorpe Road, Orlando, Florida 32824.

ARTICLE 4.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 150 2<sup>nd</sup> Avenue North, Suite 1100, St. Petersburg, Florida 33701 and the name of the registered agent is Holger D. Gleim.

ARTICLE 5.  
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

ARTICLE 6.  
MANAGEMENT

This Limited Liability Company is a manager-managed company. Management of the Limited Liability Company is reserved to its Manager in accordance with the Operating Agreement of this Limited Liability Company. The name and address of the Manager are:

James D. Vargo  
Post Office Box 590007  
Orlando, Florida 32859

The undersigned, being the Authorized Representative of a Member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of 6137, LLC.

Executed by the undersigned on August 24, 2009.

  
\_\_\_\_\_  
Holger D. Gleim

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for 6137, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this August 24, 2009.

  
\_\_\_\_\_  
Holger D. Gleim