

L09 000090878

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

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

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

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

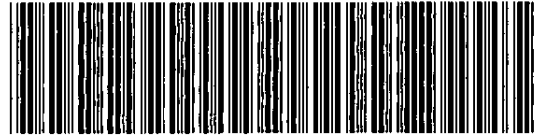
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP 21 2009

EXAMINER



000158918490

08/12/09--01013--024 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 SEP 12 PM 1:39

L09-36902

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3188 Waverly 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:

Howard S. Calhoun

Name of Person

Firm/Company

5409 16th Street N

Address

St. Petersburg, FL 33703

City/State and Zip Code

srs5409@verizon.net

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

For further information concerning this matter, please call:

Howard S. Calhoun

Name of Person

at ( 727 )

492-4985

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

3188 Waverly 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:

5409 16th Street N  
St. Petersburg, FL 33703

5409 16th Street N  
St. Petersburg, FL 33703

### 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:

Howard S. Calhoun

Name

5409 16th Street N

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

St Petersburg, 33703 FL

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 12 PM 1:39

*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..*

Howard S Calhoun

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Howard S. Calhoun

742 42nd Ave N

St. Petersburg, FL 33703

MGRM

William J. Moore

2031 Massachusetts Ave NE

St. Petersburg, FL 33703

MGRM

Margaret P. Calhoun

742 42nd Ave N

St. Petersburg, FL 33703

MGRM

Sandra M. Moore

2031 Massachusetts Ave NE

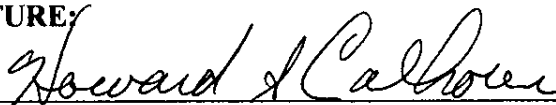
St. Petersburg, FL 33703

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 12, 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.)

Howard S. Calhoun

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)**