

LO9000118878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

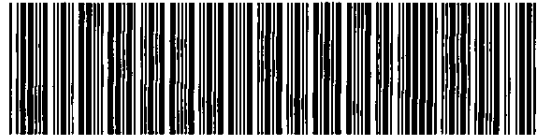
(Business Entity Name)

(Document Number)

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

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S. HAWKES

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EXAMINER

S. HAWKES

~~NOV 24 2009~~

EXAMINER

109-57760



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2009

JOEL BREWER  
120 BALTIC CIRCLE  
TAMPA, FL 33606

SUBJECT: 1510 E. 7TH AVENUE, LLC  
Ref. Number: W09000051760

We have received your document for 1510 E. 7TH AVENUE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 209A00036485

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1510 E. 7th Avenue, 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:

Name of Person

**JOEL BREWER**

Firm/Company

**1510 E. 7th Avenue, LLC**

Address

**120 Baltic Circle**

City/State and Zip Code

**Tampa, Florida 33606**

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

(All lowercase) **jbrewsr1@hotmail.com** (numeral 1)  
For further information concerning this matter, please call:

**John B. Brewer, Sr.**

Name of Person

at **813-29**  
**4-2658**

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:

1510 E. 7th Avenue, 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:

120 Baltic Circle, Tampa, Florida 33606

120 Baltic Circle, Tampa, Florida

### 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:

Name

John B. Brewer, Jr. ~~LLC~~

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

1718 E. 7th Ave. Tampa, FL

FI 33606

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

Joel Brewer  
120 Baltic Circle  
Tampa, Florida 33606

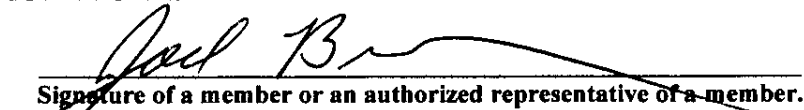
"MGR"

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 19, 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.)

Joel Brewer

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)