

LO9000121240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

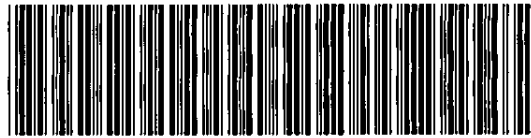
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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B. KOHR

DEC 22 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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135-117 Ave, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: Seth 12/22 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

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ARTICLES OF ORGANIZATION

OF

135-117 AVE, LLC

ARTICLE I

NAME

The name of the Limited Liability Company is **135-117 AVE, LLC**.

ARTICLE II

ADDRESS

The mailing address and street address of the Limited Liability Company's principal office is

Principal Office Address:

7011 Central Avenue
Suite B
St. Petersburg, FL 33710

Mailing Address:

7011 Central Avenue
Suite B
St. Petersburg, FL 33710

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV


MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who is/are designated, appointed and elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

The managing member(s) shall carry out and further the decisions and actions made under/pursuant to the operating agreement and shall be authorized to execute any and all reports, form, instruments, documents, papers, writing, agreements

and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, real property closing documents, including HUD statements, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, that are necessary, appropriate or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



MARC A. TENNEY
Authorized Representative

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME the undersigned authority, personally appeared **MARC A. TENNEY**, who is personally known to me and after being duly sworn, deposes and says that the facts contained in the foregoing are true and correct to the best of his knowledge and belief.

SWORN TO AND SUBSCRIBED before me this 22nd day of December, 2009.



NOTARY PUBLIC



Priscilla M. Foley
Commission # DD813821
Expires December 2, 2010
Bonded Troy Fen - Insured, Inc. 600-355-7619

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED
LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.**

The name of the Limited Liability Company is 135 – 117 AVE, LLC.

The name and the Florida street address of the registered agent are:

**MARC A. TENNEY
7011 Central Avenue
Suite B
St. Petersburg, FL 33710**

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 property and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


135 – 117 AVE, LLC


MARC A. TENNEY, Registered Agent

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME the undersigned authority, personally appeared MARC A. TENNEY, who is personally known to me and after being duly sworn, deposes and says that the facts contained in the foregoing are true and correct to the best of his knowledge and belief.

SWORN TO AND SUBSCRIBED before me this 22nd day of December, 2009.


NOTARY PUBLIC



Priscilla M. Foley
Commission # DD813821
Expires December 2, 2010
Banded Tray Fax - Insurance Inc. 800-385-7010