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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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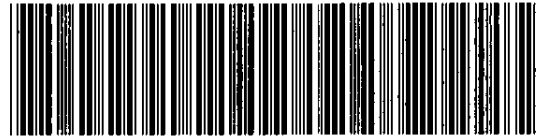
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON

FEB - 3 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ghostzapper 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:

Brigitte Moran, Paralegal
Name of Person

Greenebaum Doll & McDonald PLLC
Firm/Company

3500 National City Tower, 101 South 5th Street
Address

Louisville, Kentucky 40202
City/State and Zip Code

mroberts@adenastallions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigitte Moran at (502) 588-4025
Name of Person 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

GREENEBAUM DOLL & McDONALD PLLC

MEMORANDUM

February 1, 2010

To: Registration Section
Division of Corporations
Florida Department of State

Telephone: (502) 588-4025

Fax: (502) 588-1325

E-Mail: bg@gdm.com

From: Brigitte Moran

Subject: Articles of Organization of Ghostzapper LLC

Please file the enclosed Articles and return evidence of such to the following:

Brigitte Moran, Paralegal
Greenebaum Doll & McDonald PLLC
3500 National City Tower
101 South 5th Street
Louisville, KY 40202

Also, enclosed is a check for \$125 in payment of the filing fee.

Thank you,


Brigitte Moran

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ghostzapper 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:

15045 NW 141st Court
Williston, Florida 32696

Mailing Address:

15045 NW 141st Court
Williston, Florida 32696

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:

Mark Roberts

Name

15045 NW 141st Court

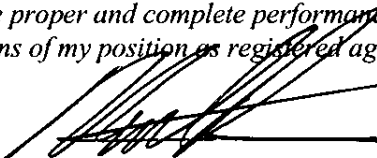
Florida street address (P.O. Box NOT acceptable)

Williston

FL 32696

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:

MGR

Triple Bell Holdings Limited Partnership
15045 NW 141st Court
Williston, Florida 32696

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Tandy C. Patrick, Esq.

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)

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DIVISION OF CORPORATIONS
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