• (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:
A. LUNT
JUL -8 2010
EXAMINER

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COVER LETTER

Registration Section

Division of C	orporations			
SUBJECT, CENTE	RAL PROPERTY TENA	NT SVCS. LLC		
SUBJECT: Only		ted Liability Company		
	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
Joseph V. Ba	abor			
		Name of Person		
Central Prop	erty Tenant Svcs, LLC			
		Firm/Company	200	2010
15 Paradise i	Plaza #143		CRE	201D JUL
		Address	- PSS	-6
Sarasota, FL	34239		س ش پنجر	
	······································	ty/State and Zip Code		
josephbabor@			5m	28
		for future annual report notificati	on)	
For further information	concerning this matter, pleas	e call:		
Joseph V. Babor		_ at (_941)779-85	545	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of S Certified Copy (additional copy is	status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:		
CENTRAL PROPERTY T (Must end with the		S, LLC by Company, "L.L.C.," or "LLC."	·)
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal office of the Limit	ed Liability Company is
Principal Office Address:		Mailing Address:	2010 JUL SECRE
15 Paradise Plaza #143		15 Paradise Plaza #143	
Sarasota, FL 34239		Sarasota, FL 34239	SA ON
			
			THE M
ARTICLE III - Registered As (The Limited Liability Company cannot s business entity with an active Florida reg	serve as its own Registe	Office, & Registered Ag rred Agent. You must designate an	gent's Signature:
The name and the Florida street	t address of the re	gistered agent are:	
Joseph V.	Babor		
	Name		
15 Paradis	se Plaza # 143		
	Florida street addr	ress (P.O. Box NOT acceptabl	e)

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Sarasota, FL 34239

(CONTINUED)
Page 1 of 2

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" = Manager	
"MGRM" = Managing Mem	er TALL
MGRM	Joseph V. Babor
	15 Paradise Plaza # 143
	Salasola, PL 34239
	r— c₁
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other	han the date of filing: June 29, 2010 . (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.)	han the date of filing: June 29, 2010 . (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURES	must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this docume)	han the date of filing: June 29, 2010 . (OPTIONAL must be specific and cannot be more than five business days member or an authorized representative of a member. with section 608.408(3). Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury tated herein are true.)
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this docume)	member or an authorized representative of a member. with section 608.408(3). Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury tated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)