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JUL 19 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2010

DOREEN STEEN 15427 E. POND WOODS DRIVE TAMPA, FL 33618

SUBJECT: 220 GULF BLVD., LLC Ref. Number: W10000028426

We have received your document for 220 GULF BLVD., 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 name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000119171.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 010A00014764

COVER LETTER

•	TÓ:	Registration S Division of Co						
	SUBJE	CT: 220 Gul	f Blvd., LLC Name of Limit	ad Liability C	······································			
			Name of Limit	ed Liability C	ompany			
	The enc	losed Articles o	of Organization and fee(s) are	submitted for	filing.			
	Please re	eturn all corresp	condence concerning this mat	ter to the follo	wing:			
	ľ	OOREEN ST	EEN					
	-			Name of Perso	on			•
	<u> </u>	220 Gulf Blvd	I., LLC :					
				Firm/Compan	у			~ ⊃
	1	15427 E. POI	ND WOODS DRIVE				SECTALL	1918 JUL 16 PH 4: U
				Address			至	E
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	c	loreenfsteen	@msn.com				55	
			E-mail address: (to be used	for future annua	l report notification	on)	3	· -
	For furth	ner information	concerning this matter, pleas	e call:			,,,	
	DORE	EN STEEN		at (813	964-97	88		
		Name	of Person		Code & Daytime	Telephone Number		
	Enclose	ed is a check fo	or the following amount:					
G	Д\$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy I copy is enclosed	\$160.00 Filit Certificate o Certified Co (additional cop	f Status &)
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Divi Cliff 266	et/Courier Addistration Section sion of Corporation Building I Executive Centahassee, FL 3230	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liability Company is:		
220 Gulf Blvd., LLC	220 Gulf	Blvd. Beach, LL ity Company, "L.L.C.," or "LLC.")	<u>.</u>
(Must end v	vith the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address			
The mailing address and	street address of the pri	incipal office of the Limited Lia	ability Company is:
Principal Office Addres	<u>ss:</u>	Mailing Address:	
15427 E. POND WOODS DRIV	E	15427 E. POND WOODS DRIVE	
TAMPA, FL 33618		TAMPA, FL 33618	
business entity with an active Fl The name and the Florida	orida registration.) a street address of the re	ered Agent. You must designate an indivi	FILLAHASSEF
	Name		
1542	7 E. POND WOODS	DRIVE	FLORAL STAUL H: O
	Florida street add	ress (P.O. Box NOT acceptable)	5m -
TAME	PA	FL 33618	
11, ,. 11,.	City, Sta	te, and Zip	
liability company at ti registered agent and agr statutes relating to the p	he place designated in ti ee to act in this capacity proper and complete pe	accept service of process for the of this certificate, I hereby accept the office of the comply with a symptome of the comply with the companies of the complete of the composite of the companies of the composite of the composit	ne appointment as the provisions of all n familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	DOREEN STEEN	
	15427 E. POND WOODS DRIVE	_
	TAMPA, FL 33618	
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(Use attachment if necessary)	بري. ج جي جي ا	
CLE V: Effective date, if other than the d		
REQUIRED SIGNATURE:		
DOREEN STEEN 15427 E. POND WOODS DRIVE TAMPA, FL 33618 (Use attachment if necessary) (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.)		
_	•	
of this document constitu	utes an affirmation under the penalties of perjury	
DOREEN STEEN		

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)

Typed or printed name of signee