L10000078099

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(01) 011012 11
PICK-UP WAIT MAIL
_
(Business Entity Name)
(business chary warne)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

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07/23/10--01010--017 **160.00

DIVISION OF CORPORATION

T. HAMPTON

JUL 2 6 2010

EXAMINER

COVER LETTER

	ation Section a of Corporations	•
SUBJECT:	Track 2 C	Close, LLC.
SCIMECT.		ted Liability Company
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.
Please return all	correspondence concerning this mat	ter to the following:
		Karin Taylor
		Name of Person
		Firm/Company
	17941	Holly Brook Drive
		Address
		mpa, FL 33647
		ty/Suster and Zip Code nylor@gmail.com
	E-mail address: (to be used	for future annual report notification)
For further inform	nation concerning this matter, pleas	e call:
<u> </u>	Carin Taylor	at (813)312-6631
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
□\$125.00 Filing	Fee □\$130.00 Filing Fee & Certificate of Status	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 Comp	eany is:		
	2 Close, LLC.		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liabilit	ty Com	pany is:
Principal Office Address:	Mailing Address:		
2145 Sunnydale Blvd.	2145 Sunnydale Blvd.	<u>.</u>	
Building 102	Building 102		
Clearwater, FL 33765	Clearwater, FL 33765		
business entity with an active Florida registration.) The name and the Florida street address and Joy Rock	of the registered agent are: well Enterprises, Inc. Name	10 JUL 23	SECRETARY DIVISION OF CO
	nnydale Blvd. Building 102	至	ORPC ORPC
Florida s	street address (P.O. Box <u>NOT</u> acceptable)	A 0:	ST/ OR/A
Clearw	vater, _{FL} 33765	1 2	E E
The state of the s	City, State, and Zip		æ
liability company at the place designal registered agent and agree to act in this constant statutes relating to the proper and compacted the obligations of my position. Registered Agent's	and to accept service of process for the above ted in this certificate, I hereby accept the appropriate. I further agree to comply with the polete performance of my duties, and I am fam as registered agent as provided for in Chapter's Signature (REQUIRED)	pointme provisio piliar wi	nt as ns of all th and

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:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
Karin Taylor, MGRM	17941 Holly Brook Drive	
	Tampa, FL 33647	
Joy Gendusa, MGRM	414 Magnolia Drive	
	Clearwater, FL 33758	
·		
•		
(Use attachment if necessary)		
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL	· \
	be specific and cannot be more than five business days	را p i
90 days after the date of filing.)		
REQUIRED SIGNATURE:	, 1	
Zami	- Jayloj er or an amborized representative of a member	
Signature of a memb	per or an authorized representative of a member. ection 60,8,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	Jackie Jaskie

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