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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Cente	r Street Investme	ents, LLC	
		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
Michael J	lohnson		
		Name of Person	
		Firm/Company	
220 Foot	Control Blud		
330 East	Central Blvd	Address	
Orlando, Fl	22901		
. Offando, Fi		y/State and Zip Code	
Michael@io	hnsonre.com	ground and 21p code	
<u></u>		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Michael Johnson	1	at (407) 401-9886	
Name	of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	or 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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Center Street Investments, 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:	Mailing Address:
330 East Central Blvd	330 East Central Blvd
Orlando, FL 32801	Orlando, FL 32801

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:

Michael .	Johnson
	Name
330 Ea	st Central Blvd
	Florida street address (P.O. Box NOT acceptable)
Orlando	_{FL} 32801
-	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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SECRETARY OF STATE

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	Name and Address:
"MGRM" = Managing	Member
,	
MGR	Michael Johnson
	330 East Central Blvd
	Orlando, FL 32801
(Use attachment if nec	ssary)
LE V: Effective date, i	other than the date of filing: (OPTIO)
	e date must be specific and cannot be more than five business d
days after the date of	iling.)
	HDF.
REQUIRED SIGNAT	UNE.
REQUIRED SIGNAT	/ / / /
	Michel Ida

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chae/ Johnson
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)