L110000060318

(Requestor's Name)
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PICK-UP WAIT MAIL
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11 MAY 20 AM II: 54

SECRETARY OF STATE
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J. BRYAN

MAY 23 2011

EXAMINER

COVER LETTER

TO:		ration Section n of Corporations	
SUBJ	_{ECT:} P	eace River Realty F	Referral, LLC
		Name of Lin	mited Liability Company
The en	nclosed Ar	ticles of Organization and fee(s) a	are submitted for filing.
Please	return all	correspondence concerning this n	natter to the following:
	Thon	nas Welchman, PA	20
			Name of Person Firm/Company
			Firm/Company
	1075	1 Mark Marian Ava	in the second se
	10/5	West Marion Ave	Address
			Addices
	<u>Punta</u>	Gorda, FL 33950	
			City/State and Zip Code
	tommy	w@kw.com E-mail address: (to be us	ed for future annual report notification)
For fur	rther infor	mation concerning this matter, ple	
Thor	nas We	elchman	at / 941 \ 661-4138
		Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a cl	heck for the following amount:	
]\$125.00) Filing F	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporation 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 Company is:

Peace River Realty Referral, 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:
1675 West Marion Ave	1675 West Marion Ave
Punta Gorda, FL 33950	Punta Gorda, FL 33950

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:

Thomas Welchma	an, PA
	Name
1675 West M	arion Ave
Florida st	reet address (P.O. Box NOT acceptable
Punta Gorda	_{FL} 33950
	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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Ianager or Managing Member is as follows: Name and Address: Thomas Welchman, PA 1675 West Marian Ave
	F. G.
MGR	Thomas Welchman, PA 1675 West Marion Ave
	Punta Gorda, FL 33950
(Use attachment if necessary) LE V: Effective date, if other that	n the date of filing: (OPTION
LE V: Effective date, if other tha	n the date of filing: (OPTION ust be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)	n the date of filing: (OPTION ust be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: (OPTION ust be specific and cannot be more than five business date and cannot be more than five business date.
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false	st be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false constitutes a third degree	ember or an authorized representative of a member. in 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false constitutes a third degree	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

L11000060335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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FILED II HAY 20 AM II: 54 SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

MAY 23 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sceedy Process Serving L.L.C. yame 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:	
Joseph L. Schrock Name of Person	
Sceedy Process Serving L.L.C.	n
151. Cloister Care	-
Casse/berry F/ 32707	ED
13-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 535-3860 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 25.00 Filing Fee & Certificate of Status \$\times 25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TT	CI	F	Ĭ	No	ma
111	11	v.		1 -	Na	me.

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Sceed Process Serving L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," of "LI.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

151 Cloister Cove

Casselberry, Fl 32707

Mailing Address:

151 Cloister Cove

Casselberry, Fl 32707

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

The name and the Florida street address of the registered agent are:

Joseph Schrock

Name

151 Cloister Cave

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

Casselberry FL 32707

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)

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Joseph Schrock 151 Cloister Cove Casselberry, R1 30707
	AL SE
`	AHASSEE.
(Use attachment if necessary)	TLORIO A
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTIONAL

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

L11000060340

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAiL
(Business Entity Na	me)
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11 MAY 20 AM 11: 54

SECRETARY OF STATE

J. BRYAN

MAY 23 2011

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJE	_{cct:} Mair	nstream Auto Brok	ers.	
50202		Name of Limit	ed Liability Company	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this matt	ter to the following:	
				75 5 -
	Antonic	Fernandez	Name of Person	一是一
			Name of Person	N 20 MII: 54 ETARY OF STATE
	Mainstr	eam America, Inc.		SER E
			Firm/Company	ES.
	РО Вох	, 521		9里字
	FO BOX	())	Address	<u> </u>
,	Saint Pet	tersburg, Florida 337		
		Cit	y/State and Zip Code	
	mainstrea	mamerica@tampabay	.rr.com for future annual report notification)	
		E-man address: (to be used i	or future annual report notification)	
For fur	ther informati	on concerning this matter, please	e call:	
Anto	nio Ferna	ndez	31, 727 \ 898-0015	
		me of Person	at (121) Good of To	nber
Enclos	ed is a check	for the following amount:		
\$125.00	Filing Fee	✓ \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00	Filing Fee,
•		Certificate of Status	Certified Copy Certific	ate of Status &
				ed Copy al copy is enclosed)
			•	
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mainstream Auto Brokers, Ll		
(Must end with the words "Limited Lis	ibility 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:	
4055 35th Street North, Suite 200 St. Petersburg, FL 33714	PO Box 531 Saint Petersburg, FL 3373	31
business entity with an active Florida registration.) The name and the Florida street address of the Antonio Fernandez Name		FILED 11 MAY 20 AM III SECRETARY OF STALLAHASSEE, FLO
2552 22nd Aver		
	address (P.O. Box <u>NOT</u> acceptable)	AMII: 54 OF STATE E. FLORID
	_{FL} 33713	
Saint Petersburg	State and Zin	**
	State, and Zip	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:
MGR	Frank Malowany 4055 35th St N, Suite 200 St Petersburg, FL 33714
MGRM .	Antonio Fernandez 2552 22nd Avenue North St Petersburg, FL 33713
	FILE ANASSEE
(Use attachment if necessary)	STATE ORIEN
ARTICLE V: Effective date, if other than the countries (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with section 608.4 constitutes an affirmation under I am aware that any false information and section 1.2 constitutes and affirmation under I am aware that any false information in the section 1.2 constitutes are section 1.2 constitutes and 1.2 constitutes are section 1.2 constitutes are sectio	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Antonio Fernandez

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)