

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : MICHAEL E. DRIS, P.A.  
Account Number : I20070000163  
Phone : (727) 943-2823  
Fax Number : (727) 943-2824

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**FLORIDA LIMITED LIABILITY CO.  
GREEK BROS., LLC**

Certificate of Status	0
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MAY 26 2011

EXAMINER

(H11000138290 3)

**ARTICLES OF ORGANIZATION**

**OF**

**GREEK BROS., LLC**

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These Articles of Organization of **GREEK BROS., LLC** is being duly executed and filed to form a limited liability company pursuant to the Florida Limited Liability Company Act (the "Act").

**ARTICLE I**

**Name**

The name of the limited liability company (the "Company") formed hereby is:

**GREEK BROS., LLC**

**ARTICLE II**

**Address of Principal Office**

The mailing and street address of the Company's principal office is:

**1418 Castleworks Lane  
Tarpon Springs, Florida 34689**

**ARTICLE III**

**Address of Registered Office**

The address of the initial registered office of the Company is 29 N. Pinellas Avenue, Tarpon Springs, FL 34689 and the name of its initial registered agent at such address is Michael E. Dris, Esquire.

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**IN WITNESS WHEREOF**, the undersigned Member or authorized representative of a Member has executed these Articles of Organization on (date organized).



\_\_\_\_\_  
Michael E. Dris, Esquire

**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and to accept service of process for the above-stated Company, at the place designated in these Articles of Organization. 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.

DATED: May 25, 2011



\_\_\_\_\_  
Michael E. Dris, Esquire

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