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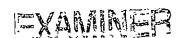
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SECRETARY OF STATE DIVISION OF CORPORATIONS





# **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Flamingo Pier Ent	erprises, LLC
56B6B611	of Limited Liability Company
The enclosed Articles of Organization and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Pamela T Fleming	
	Name of Person
Flamingo Pier Enterp	rises, LLC
	Firm/Company
10775 Glen Ellen Dr	
	Address
Tampa, FL 33624	
	City/State and Zip Code
ptfleming49@gmail.com	be used for future annual report notification)
For further information concerning this matte	·
Pamela T Fleming	u at ( 813 ) 961-9610
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of Sta	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building 314 2661 Executive Center Circle
	to the state of th

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R1	IC	LE	I -	Na	me:
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The name of the Limited Liability Company is:

# Flamingo Pier Enterprises, 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:	<u>Maning Address:</u>
10775 Glen Ellen Dr	10775 Glen Ellen Dr
Tampa, FL 33624	Tampa, FL 33624

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 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:

Pamela	I Fleming
	Name
10775	Glen Ellen Dr
	Florida street address (P.O. Box NOT acceptable)
Tampa	<sub>FL</sub> 33624
	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)

Page 1 of 2

SECRETARY OF STATE
SECRETARY OF STATE
F. DIVISION OF CORPORATIONS

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

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

Title:	ND N.4	Name and Address:
	R" = Manager RM" = Managing Member	
MGR		Pamela T Fleming
		10775 Glen Ellen Dr
		Tampa, FL 33624
<del></del>		
	<del></del>	
(Use a	attachment if necessary)	
, DOTICE DAY	TO 00 1 1 1 10 1 1 1	(ODTIONAL)
ARTICLE V: If an effective	Effective date, if other than to date is listed, the date must	he date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
	after the date of filing.)	be specific and cannot be more than five business days prior
REQU	UIRED SIGNATURE:	
	Panel	7. Henry
	Signature of a mem	ber or an authorized representative of a member.
	constitutes an affirmation un I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State bony as provided for in s.817.155, F.S.)

Pamela T Fleming

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)