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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

n'

Special Instructions to Filing Officer:

L. SELLERS

AUG 1 5 2011

EXAMINER

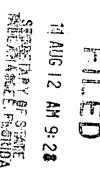


Office Use Only



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; COVER LETTER .

TO:	Registration S Division of Co			
SURJ	ECT: 410 5	2nd Ave Dr, LLC		
0010		Name of Limit	ted Liability Company	
The er	nclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	tter to the following:	
	Jon Fran	Z		
			Name of Person	
	Jon Fran	z, LLC		
	**		Firm/Company	
	3523 Yale	e Circle		
			Address	
	Riverview,	FI 33578		
			ty/State and Zip Code	_
			for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
Jon	Franz		at (813) 699-0813	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check for	or the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 Company is	s:
410 52nd Ave Dr, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3523 Yale Circle Riverview, Fl 33578	3523 Yale Circle Riverview, Fl 33578
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
Jon Franz	
Name 3523 Yale Circle	
	ddress (P.O. Box <u>NOT</u> acceptable)
Riverview	FL 33578
	State, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managi	Name and Address: ng Member
MGR	Brian A. Spivey 8364 E. 47th Street Circle Palmetto, Fl 34221
MGR	Jon Franz, LLC 3523 Yale Circle Riverview, FI 33578
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if n	
ICLE V: Effective date	if other than the date of filing: August 5, 2011 (OPTIONAL the date must be specific and cannot be more than five business days
ICLE V: Effective date effective date is listed,	, if other than the date of filing: August 5, 2011 . (OPTIONAL the date must be specific and cannot be more than five business days of filing.)
ICLE V: Effective date effective date of the days after the the	if other than the date of filing: August 5, 2011 (OPTIONAL the date must be specific and cannot be more than five business days of filing.) ATURE:
ICLE V: Effective date effective date of the days after the the	, if other than the date of filing: August 5, 2011 . (OPTIONAL the date must be specific and cannot be more than five business days of filing.)

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)