

L11000117204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

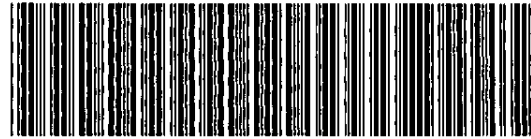
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/11--01003--012 **125.00

EFFECTIVE DATE

10/7/11

FILED
11 OCT 13 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Sullivan OCT 13 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2011

STEVE ROBERTSON
PO BOX 47101
SAINT PETERSBURG, FL 33743

SUBJECT: CONDOS AND CASTLES MANAGEMENT, LLC
Ref. Number: W11000050556

We have received your document for CONDOS AND CASTLES MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00022582

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Condos and Castles Management LLC

Name 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:

Steve Robertson

Name of Person

Condos and Castles Management LLC

Firm/Company

PO Box 47101

Address

Saint Petersburg, FL 33743

City/State and Zip Code

steve@CondosandCastlesmanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Robertson

Name of Person

at (**727**) **542-7282**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Condos and Castles Management, 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:

9945 47th Avenue Suite 106
Saint Petersburg, FL 33708

Mailing Address:

PO Box 47101
Saint Petersburg, FL 33743

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:

Steve Robertson

Name

9945 47th Avenue, Suite 106

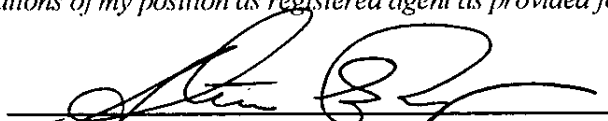
Florida street address (P.O. Box **NOT** acceptable)

Saint Petersburg, FL 33708

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Steve Robertson

PO Box 47101

Saint Petersburg, FL 33743

MGRM

Deborah Hall-Peaton

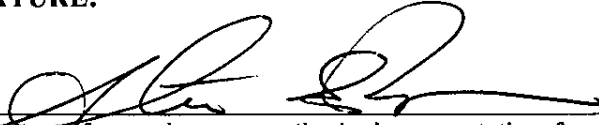
PO Box 47893

Saint Petersburg, FL 33743

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 7, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Steve Robertson
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)