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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

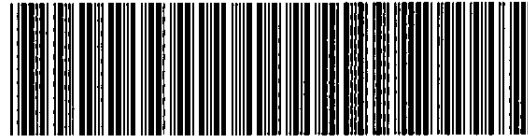
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12 JAN 12 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 13 2012

Gay and Gordon Attorneys, P.A.

699 First Avenue North
P.O. Box 265
St. Petersburg, Florida 33731

William W. Gay (1919-1993)
Seymour A. Gordon

TELEPHONE:
(727) 896-8111
FAX (727) 822-2234
Email: sygo96@aol.com

January 10, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

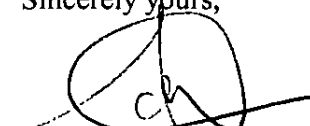
Re: 6945 US 19, LLC

Gentlemen:

I am enclosing the original and one copy of the Articles of Organization of 6945 US 19, LLC, Cover Letter and my check to you in the amount of \$155.00.

Thank you for your assistance.

Sincerely yours,



Seymour A. Gordon

SAG:cv

Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6945 US 19, 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:

Seymour A. Gordon, Esquire

Name of Person

Gay and Gordon Attorneys, P.A.

Firm/Company

P.O. Box 265

Address

St. Petersburg, FL 33731

City/State and Zip Code

Terrytrain@aol.com

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

For further information concerning this matter, please call:

Seymour A. Gordon, Esquire

Name of Person

at (727) 896-8111

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:

6945 US 19, 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:

1641 Midnight Pass Way
Clearwater, FL 33765

Mailing Address:

1641 Midnight Pass Way
Clearwater, FL 33765

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:

Elefterios Kekllas

Name

1641 Midnight Pass Way

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

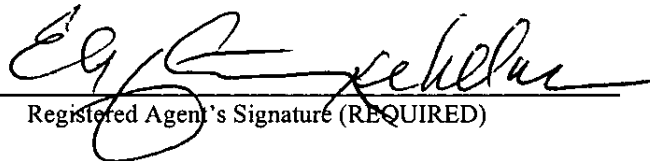
Clearwater, FL 33765

FL

City, State, and Zip

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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:

Elefterios Kekllas, MGRM

1641 Midnight Pass Way

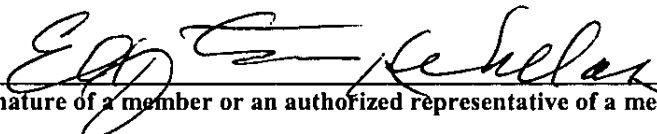
Clearwater, FL 33765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Elefterios Kekllas

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)

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12 JAN 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA