

L12000019038

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHUTTS & BOWEN LLP
Account Number : I20060000106
Phone : (813) 229-8900
Fax Number : (813) 229-8901

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -8 AM 10: 02

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mstevenson@shutts.com

RECEIVED
12 FEB -8 AM 7: 02
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Miss Pat, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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J. SAULSBERRY
EXAMINER
FEB 9 2012

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Miss Pat, 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:

C. Mark Stevenson

Name of Person

Shutts & Bowen LLP

Firm/Company

4301 W. Boy Scout Blvd., Ste. 300

Address

Tampa, FL 33607

City/State and Zip Code

mstevenson@shutts.com

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

For further information concerning this matter, please call:

C. Mark Stevenson

Name of Person

at **(813) 227-8116**

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 AddressRegistration 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 323012012 FEB - 8 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Miss Pat, 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:2502 N. Rocky Point Drive, Ste. 1050
Tampa, FL 33607**Mailing Address:**2502 N. Rocky Point Drive, Ste. 1050
Tampa, FL 33607**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:

Lee Nelson, Esquire

Name

4301 W. Boy Scout Blvd., Ste. 300Florida street address (P.O. Box **NOT** acceptable)**Tampa****FL 33607**

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)

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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:

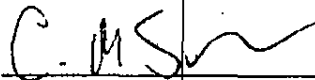
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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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.)

C. Mark Stevenson

Typed or printed name of signer

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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