# L12000031457

(Re	questor's Name)	, , <u>, , , , , , , , , , , , , , , , , </u>
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03/02/12--01009--015 \*\*125.00

EFFECTIVE DATE 02-24-12



B. BOSTICK
MAR \_ 5 2012
EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: South Tampa Restorat	ion, LLC		
	ed Liability Company		
The enclosed Articles of Organization and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Frank Joseph Gehrki IV			
	Name of Person		
	Firm/Company		
5000 Culbreath Key Way 9	-303		
	Address		
Tampa, FL 33611			1/2
Ciŋ joegehrki@yahoo.com	y/State and Zip Code	)> ; ::: ::::::::::::::::::::::::::::::::	
	or future annual report notification)	- <del> </del>	<del>- ; - ; - ,</del> - ,
For further information concerning this matter, please	e call:		
Frank Joseph Gehrki IV	at ( 813 ) 347-7535		යා ඩි
Name of Person	Area Code & Daytime Telephone Num	ber	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{Status}\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Feate of State of Copy al copy is end	us &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
South Tampa Restoration, LLC (Must end with the words "Limited Liability		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
5000 Culbreath Key Way 9-303 Tampa, FL 33611	5000 Culbreath Key Way 9-30 Tampa, FL 33611	<u></u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Frank Joseph Gehrki IV  Name  5000 Culbreath Ke	red Agent. You must designate an individuge gistered agent are:	ual or another
	ress (P.O. Box NOT acceptable)	TORIDA HAVE BARBARA
Tampa	<sub>FL</sub> 33611	
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist Registered Agent's Signature.	is certificate, I hereby accept the I further agree to comply with to formance of my duties, and I am tered agent as provided for in Ch	appointment as the provisions of all familiar with and

Page 1 of 2

(CONTINUED)

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

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

MGR	Frank Joseph Gehrki IV	
	5000 Culbreath Key Way 9-303	
	Tampa, FL 33611	
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		<u> </u>
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		<u></u>
		<del></del>
(1) 1 1C		ر رو رو
(Use attachment if necessary)		
	2-24-2012	(Opmio)
LE V: Effective date, if other than th	be specific and cannot be more tha	

**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.)

#### Frank Joseph Gehrki IV

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)