## 12000038484

(Rec	questor's Name)	
(Add	dress)	
(6.4)	4	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800224031848

03/19/12--01038--010 \*\*130.00

2012 ISSN 19 AND ST

T. CLINE

MAR 20 2012

**EXAMINER** 

## COVER LETTER\*

	ration Section n of Corporations	·	
SUBJECT: T	ampa Bay Corporate		
	Name of Lim	lited Liability Company	
The enclosed A	ticles of Organization and fee(s) ar	re submitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
<u>Chris</u>	P. Tsokos		
		Name of Person	
Tam	pa Bay Corporate So	quare, LLC	
<del></del> -		Firm/Company	
1202	Parrilla de Avila		
		Address	
Tamp	a, FL 33613		
<u></u>		City/State and Zip Code	
cpt5@	verizon.net	d for future annual report notification)	553
For further info	rmation concerning this matter, plea		2012 SEERET
Chris P. Ts	okos	at (813 ) 961-1992	ASSE 5
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:		<b>対対 (数</b> 古黒 (J
]\$125.00 Filing	Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Fili Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy	f Status & py
	Mailing Address Registration Section Division of Corporation 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 FI	.ORIDA LIMITED LIABILI	TY CO.	WIPA	NY
ARTICLE I - Name: The name of the Limited Liability Company is:				
Tampa Bay Corporate Square				
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Lia	ability C	lompa	ny is:
Principal Office Address:	Mailing Address:			
1344 Preservation Way Oldsmar, FL 33677	1344 Preservation Way Oldsmar, FL 33677			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an indivi	Signate dual or and	ure: other	
Chris P. Tsokos			2 New P	1
Name			un 1144	्रेस दश्यानी (इंट्रान्ड स्ट्रार्ट
1202 Parrilla de Avila			GO Seets	r Tin
Florida street address (P.O. Box NOT acceptable)		775 cr. 673 cr.	墨	gretter Sugar
Tampa	<sub>FL</sub> 33613	OF STATE	C);	
City, S	tate, and Zip	72	<b>G</b> ift	
Having been named as registered agent and to	accent service of process for the	ahove st	ated li	imited

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er ·
MGR	Chris P. Tsokos
<del></del>	1202 Parrilla de Avila
	Tampa, FL 33613
MGR	Fanourios I. Ferderigos
<del></del>	1344 Preservation Way
	Oldsmar, FL 33677
<del></del>	
(Use attachment if necessary)	
•	
RTICLE V: Effective date, if other fan effective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
2	
	Company of the state of
Signature of	a member or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
constitutes an aritema	tion under the penatites of perjury that the facts stated herein are tide.

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.)

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)