(Request	or's Name)
(Address)	)
(Address)	
(Address)	'
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Rusines)	s Entity Name)
(Dusines:	s Enuty Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Platt Street Market, LL	C
50B0B011	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Lewis Mustard	
	Name of Person
	2012
	Firm/Company
303 S. Melville Ave.	10-2
	Address
Tampa, FL 33606	
Cit	y/State and Zip Code
lewis.mustard@gmail.com	
E-mail address: (to be used f	for future annual report notification)
For further information concerning this matter, please	e call:
Lewis Mustard	at (813 ) 477-8439
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  [3]\$125.00 Filing Fee  \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy
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:

Platt Street Market, LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
303 S. Melville Ave. Tampa, FL 33606	303 S. Melville Ave. Tampa, FL 33606
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Lewis Mustard	egistered agent are:
Name	The first the second se
303 S. Melville Av	e.
Florida street addr	ress (P.O. Box NOT acceptable)
Tampa	FL 33606
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and toped agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Mer	mber	
MGR	Lewis Mustard	
	303 S. Melville Ave.	~». N
	Tampa, FL 33606	112
MGR	Verna Bartlett	AS ASR
	303 S. Melville Ave.	See on
	Tampa, FL 33606	1.715
	(ampa, 1 L_ 05000	
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	er than the date of filing:	
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ective date is listed, the dadays after the date of filing	te must be specific and cannot be more to	han five business d
rective date is listed, the dadays after the date of filing REQUIRED SIGNATURI  Signature of the date of filing Signature of the constitutes an affirm I am aware that any	te must be specific and cannot be more to	a member.  n of this document stated herein are true.

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)

Typed or printed name of signee