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EXAMINER



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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Expressway Property S	Services,LLC
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Justin O.Thomas	Name of Person /iCes,LLC Firm/Company
	Name of Person
Expressway Property Sen	vices.LLC
	Firm/Company
717 58th Avenue South	హ్హ
717 Soul Avenue South	Address
St.Petersburg, FI 33705	
	y/State and Zip Code
expresswayproperty@gmail.com E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please	call:
Justin Thomas	044 2040002
Name of Person	at ( 941 ) 3016963  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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:

# Expressway Property Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")

#### **ARTICLE 11 - Address:**

The mailing address and street address of the principal office of the Limited Liability Cor

#### **Principal Office Address:**

**Mailing Address:** 

717 58th Ave. South

St.Petersburg,FL 33705

717 58th Ave. South

St.Petersburg,FI 33705

### 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:

Justin O. Thomas

### 717 58th Avenue South

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

St.Petersburg

FL 33705

City, State, and Zip

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..

(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 "MGRM" = Managing Member	Name and Address:
MGRM	Justin O. Thomas 717 58th Ave. South St.Petersburg, FI 33705
**************************************	
(Use attachment if necessary)  CLE V: Effective date, if other that effective date is listed, the date multiple days after the date of filing.)	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:  Signature of a me	ember or an authorized representative of a member.

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)