L12000/23566

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200240011492

Effective Date 09/21/12

09/26/12--01004--022 **130.00



J. BRYAN
SEP 27 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: FLINT DEVELOPMENT COMPANY, LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
_	PETER S. FLINT Name of Person
	PETER S. FLINT Name of Person FLINT DEVELOPMENT COMPANY LLC Firm/Company 3306 W. SAN PEDRO ST Address TAMPA F. 53/29
_	3306 W. SAN PEDRO ST
-	Address TAMPA FL 33629 City/State and Zip Code Psffampa @ gmail.com E-mail address! (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	PETER S. FLIAT at (813) 839-1658 Name of Person Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{cccccccccccccccccccccccccccccccccccc
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: The name of the Limited Liability Company LLC
FLINT DEVELOPMENT COMPANY, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
3306 W. San Pedro St. Tampa, Fr. 33629 Tampa, Fr. 33629
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: Effective Date $09/21/12$
Peter 5. Fliat Name
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33429 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..

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:

"MGR" = Manager "MGRM" = Managing Membe	er
MGRM	Name and Address: Peter S. Flint 3300 W. San Tedro St Tampa FL 33429
	3306 W. San Fedro St (1) Tampa FL 33429
	<u></u>
(Use attachment if necessary)	- · · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other t	han the date of filing: 9/21/12 (OPTIONA
	han the date of filing: 9 21 12 (OPTIONA must be specific and cannot be more than five business day
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LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business day
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business day member or an authorized representative of a member.
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall	must be specific and cannot be more than five business day member 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)