

L13000040268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

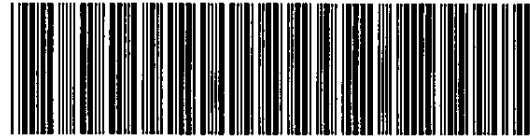
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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13 MAR 15 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 18 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Try To Remember, LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL URETTE

Name of Person

Firm/Company

3239 HENDERSON BLVD

Address

Tampa, FL 33609

City/State and Zip Code

mike@tampapalmscenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Urette

Name of Person

at (**813**) **928-7890**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Try To Remember, 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:

3239 Henderson Blvd

Tampa, FL 33609

Mailing Address:

3239 Henderson Blvd

Tampa, FL 33609

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:

MICHAEL URETTE

Name

3239 HENDERSON BLVD

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

TAMPA, FL 33609

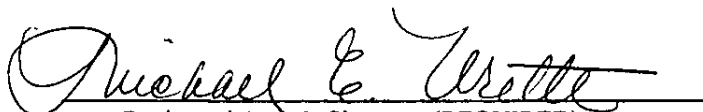
FL

City, State, and Zip

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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)

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

"MGRM" = Managing Member

TAMPA, FL 33609

TAMPA, FL 33609

☐ ☐ ☐ ☐ ☐

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Signature of a member or an authorized representative of _____

(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 § 817.155, F.S.)

MICHAEL E. URETTE
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)