

L13000045355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600246037916

03/26/13--01006--026 **125.00

FILED

2013 MAR 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 03/26/13

MAR 27 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Market Off Main 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:

GERALD E KUSS

Name of Person

Market Off Main LLC.

Firm/Company

6241 LINCOLN ST

Address

NEW PORT RICHEY, FL 34652

City/State and Zip Code

MARKETOFFMAIN6241@GMAIL.COM

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

For further information concerning this matter, please call:

GERALD E KUSS

Name of Person

at (727) 808-2690

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

2013 MAR 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKET OFF MAIN 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:

6241 LINCOLN STREET
NEW PORT RICHEY, FL 34652

Same

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:

GERALD E KUSS

Name

6241 LINCOLN STREET

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

NEW PORT RICHEY FL 34652

City, State, and Zip

FILED
2013 MAR 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

EFFECTIVE DATE 03/26/13

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member


Name and Address:

<u>MGR</u>	<u>GERALD E Kuss</u> <u>6241 LINCOLN STREET</u> <u>NEW PORT RICHEY, FL 34652</u>
<u>MGR</u>	<u>ROSE M MOHR</u> <u>6442 ADAMS STREET</u> <u>NEW PORT RICHEY, FL 34652</u>
<u>MGR</u>	<u>JAMES MICHELLE PRASANT</u> <u>12919 WEDGEWOOD AVE</u> <u>HUDSON, FL 34667</u>
<u>MGRM</u>	<u>ARTHUR JACK HELMICK SR</u> <u>12837 LONGLEAF DRIVE</u> <u>NEW PORT RICHEY, FL 34654</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-26-13. (OPTIONAL)
(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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 s.817.155, F.S.)

GERALD E Kuss

Typed or printed name of signer

FILED
2013 MAR 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)