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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECUETARY OF STATE
ALLARY SST SUFFICED.

(850) 245-6051.

COVER LETTER

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•TO: Registration Section
Division of Corporations

SUBJECT: SRO House Checking, 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:

Thomas Solomon
Name of Person
Firm/Company
2145 Burgos Drive
Address
Sarasota FL 34238
City/State and Zip Code
Floridatom 39@Concast. Het
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Solomon at 941 312-6529

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing F

□\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
2145 Burgos Drive Sarasota, FL 34238	Same	
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 re	gistered agent are:	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit	os Drive ess (P.O. Box NOT acceptable)	
	sistered agent as provided for in Chapter 608, F.S	
Registered Agent's Signatur	ylmom re (REOUIRED)	
(CONTINI		

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CarolESolomon 2145 Burgos Drive Sarasota, FL 34238
MCRM	Thomas Solomon 2145 Bunges Drive Saraseta, Fr34238

(Use attachment if necessary)	
	nan the date of filing: $\frac{4-1-13}{}$ (OPTIONAL) e must be specific and cannot be more than five business days ling.)
REQUIRED SIGNATURE:	
Parl) ¿ Solomon

(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.)

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

Carol E. Salomon

Typed or printed name of signee

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)