

L130000068884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

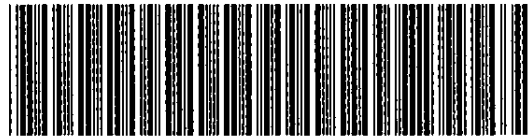
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-17832

MAY 10 2013

J. BRYAN



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Joey	Yvette T. Gil
COMPANY:	DATE:
Florida Department of Corporations	05/10/13
FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
850.245.6030	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
850.245.6051	
RE:	YOUR REFERENCE NUMBER:
3302 Alt 19 LLC/Bay to Bay Real Estate Florida – Registration Mix Up	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

NOTES/COMMENTS:

Per our conversation – please apply funds applied to SOMAR Real Estate (formerly applied as Bay to Bay Real Estate Florida) to the Registration of 3302 Alt 19 LLC.

Your assistance in expediting this request is greatly appreciated.

Thank you!

813 2591111

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TALLAHASSEE
FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LLC Formation - 3302 ALT 19, 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:

JAMES RAMOS

Name of Person

SOMAR, LLLP

Firm/Company

1001 S. MACDILL AVENUE

Address

TAMPA, FL 33629

City/State and Zip Code

james@jamesramos.com

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

For further information concerning this matter, please call:

KEVIN WALSH, CPA at **(813) 259-1111**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, FL
REGISTRATION SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3302 ALT 19, 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:

1001 S. MACDILL AVENUE

TAMPA, FL 33629

Mailing Address:

1001 S. MACDILL AVENUE

TAMPA, FL 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:

ATROX PARTNERS, PLLC

Name

1001 S. MACDILL AVENUE

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

TAMPA, FL 33629

FL

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..

AtroX Partners by: [Signature]

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SOMAR, LLLP

1001 S. MACDILL AVENUE

TAMPA, FL 33629

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

JAMES RAMOS, general partner SOMAR, LLLP

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)

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2013 MAY -9 PM 1:35
TAMPA, FLORIDA
S. MACDILL AVENUE
TAMPA, FL 33629