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SEUNETANY OF STATE

K. SALY EXAMINER

JUL - 8 2013

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

8595 Seminole Blvd, 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:

Mark Berset	
Name of Person	
Firm/Company	
One Beach Dr SE Suite 230	
Address	
St Petersburg, FL 33701	
City/State and Zip Code	
lorib@comegys.com	

For further information concerning this matter, please call:

Mark Berset

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

515-5548

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
, , ,	2013
8595 Seminole Blvd, LLC	•
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
One Beach Dr SE	P.O. Box1438
Suite 230	
St Petersburg, FL 33701	St Petersburg, FL 33731-1438
The name and the Florida street address of the re	gistered agent are:
Name	高品 点 三
One Beach Dr SE Suite 230	SSA
	ess (P.O. Box NOT acceptable)
St Petersburg	FL 33701
City, Stat	re, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	_	George Apostolou	
		275 1st Street W	
		Tierra Verde, FL 33715	
MGR	<u> </u>	Mark Berset	
	_	1050 Friendly Way S	
		St Petersburg, FL 33705	
			
			
•			
(Use attachment i	f necessary)		
(Osc attachment i	. necessary)		
LE V: Effective of	late, if other than the	date of filing: 07/03/2013	. (OPTIONA
		be specific and cannot be mo	
or 90 days after	the date of filing.)		
REQUIRED SIG	NATUDE.		

(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.)

Mark S Berset

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)