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(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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	COVE	KLETTER	
TO: Registration	C4:		<u> </u>
TO: Registration Division of C			E
Division of C	or por ations		13 JUL 22 PM
,	(, (, v, s,		
SUBJECT:	reen Gaskets. Name of Limi	CON LLC	
	Name of Limi	ted Liability Company	
			1 2: 58
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
		_	>
Please return all corres	pondence concerning this mat	ter to the following:	
	0		
	hris Boys	Name of Person	
	,	Name of Person	
•		Firm/Company	
	,		
303	0 24th s+ 1	J.	
		J. Address	
St	Peters burg Fl	ty/State and Zip Code As Kat . Com for future annual report notification)	
 	Ci	ty/State and Zip Code	
1	1 6 600 /		
	E-mail address: (to be used	for future annual report notification	
•			
For further information	concerning this matter, please	e call:	
_			
Chris B	0065	at (386) 569 - Area Code & Daytime Telep	1778
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or the following amount:		
	_		
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	to Commonweigh		
The name of the Limited Liabili	ty Company is:		. Assessment
(Must end with the w	ords "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a			Liability Company is:
Principal Office Address:		Mailing Address:	5. S.
3030 24th SF M St Petersburg	V. ₱3713	30 30 24th St St Petersburg	FI. 33713
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regi The name and the Florida street	rve as its own Registeristration.) address of the re	ered Agent. You must designate an in	
	Name		
303 ₀)	24th 5+ 1	J.	
	Florida street add	v. ress (P.O. Box <u>NOT</u> acceptable)	
St Pe	forsbury City, Sta	FL 337/3 te, and Zip	
Having been named as registere liability company at the place	ed agent and to a e designated in th	accept service of process for	pt the appointment as

(CONTINUED)

Page 1 of 2

ARTICLE IV- M	lanager(s) or	Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing	Name and Address:
MGRIVI — Ivianaging	Tim McLaren 6734 S. Shore D. S. Paga dana Fl. 33707
<u> </u>	13 JUL 22
	2.58 P
(Use attachment if neco	
TICLE V: Effective date, i	f other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business day ate of filing.)
TICLE V: Effective date, in effective date is listed, or to or 90 days after the	f other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business day ate of filing.) TURE:
TICLE V: Effective date, is an effective date is listed, or to or 90 days after the days after t	f other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business day ate of filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)