

L13000112940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

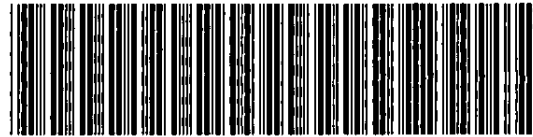
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000250515740

08/09/13--01017--0136\*\*125.00

RECEIVED  
AUG -9 AM 11:38  
DIVISION OF STATE CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -9 AM 8:50

AUG 12 2013

T. L. SUTTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STRYZZLE, LLC

Signature \_\_\_\_\_

Requested by: Seth

08/09/13

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of this Company shall be:

STRYZZLE, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2840 WEST BAY DRIVE, SUITE 232, BELLEAIR, FLORIDA 33770.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

PATRICK M. O'CONNOR, ESQUIRE  
O'CONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FLORIDA 33771

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.

O'CONNOR & ASSOCIATES



By: \_\_\_\_\_

Patrick M. O'Connor, Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -9 AM 8:50

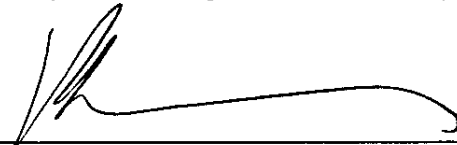
**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	JOSEPH J. RUSSO, III 2840 WEST BAY DRIVE, SUITE 232 BELLEAIR, FLORIDA 33770
MGR	JAMISON H. BURRIS 2840 WEST BAY DRIVE, SUITE 232 BELLEAIR, FLORIDA 33770
MGR	BRIAN J. ROBINSON 2840 WEST BAY DRIVE, SUITE 232 BELLEAIR, FLORIDA 33770

**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

  
\_\_\_\_\_  
PATRICK M. O'CONNOR

(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.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -9 AM 8:50