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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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K. SALY EXAMINER SEP 16 2013



July 8, 2013

NEIL BRICKFIELD P.O. BOX 1421 SAFETY HARBOR, FL 34695

SUBJECT: THE TAMPA BAY GROUP LLC

Ref. Number: W13000038596

We have received your document for THE TAMPA BAY GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 713A00016685

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The TAMPA BAY GROUP 2LC	
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:	
Neil Brich Feld	
Name of Person	
The TAMPA BAY GOUP LLC	
Firm/Company	
3088 Hillside LANE	
Address	
Safety Markor F2 34695	
Safety Harbor R 34695 Nbrich field @ snail Com E-mail address: (to be used for ruture annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Neil Brichfield at 727, 692-0785	
Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
	_
✓\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Certificate of Status Certified Copy Certificate of S	
(additional copy is enclosed) Certified Copy (additional copy is	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The TAMPA BAY Group 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: Mailing Address:
The TAMPA Bay Gosp LLC SAME
3088 Hillside Lane Sofer Hadre Fr 24695
Jan 17 A III A I I I I I I I I I I I I I I I
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: Neil Brichfield
3088 Hilside Love
Florida street address (P.O. Box NOT acceptable) Sufety Harby FL 34695
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 Registered Agent's Signature (REQUIRED)

Page 1 of 2

(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	Name and Address:
"MGRM" = Managing Member MGP	Neil Brichfield 3088 Hillside Lane Safety Harbor Fr 34688
MGP	Jim Roneiher 1605 Gray Bark Dr Oldsmar FL 34677
	· · · · · · · · · · · · · · · · · · ·
·	
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business day .)
REQUIRED SIGNATURE:	Wendfull
Signature of a men	nber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
<u> </u>	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)