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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lovetcpa@aol.com

FLORIDA LIMITED LIABILITY CO.
EDONCESSOR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
13 OCT 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 21 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 22 2013

T. HAMPTON

H13000233298

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **EDONCESSOR, 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:

13205 Waterford Run Drive

13205 Waterford Run Drive

Tampa, FL 33569

Tampa, FL 33569

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Alton White

Name

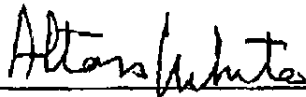
2602 West Arch Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Tampa, FL 33607

(City / State / 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 - Alton White

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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:

<u>MGRM</u>	<u>James Favorite - 13205 Waterford Run Drive, Tampa, FL 33569</u>
<u>MGRM</u>	<u>Oscar Osborn - 3906 Casaba Loop, Valrico, FL 33594</u>
<u>MGRM</u>	<u>Charles Davis - 8102 Hjad Drive, Tampa, FL 33619</u>
<u>MGRM</u>	<u>Franklin Frisby - P.O. Box 682257, Tampa, FL 33619</u>

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

James Favorite

Typed or printed name of signer

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