## L17000162019

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## **COVER LETTER**

Division of Co			
SUBJECT: TREAC	STONE HoldING Name of Limit	a. LLC	
	Name of Limit	d Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
_BOAZ	VINOGRADOS	Name of Person	
TREAds	TONE Holding	Firm/Company	
_18401	30TH STREE	T	
Lutz,	FL 3355	59-5895 v/State and Zin Code	
DOAZ	• VINOGRAdo E-mail address: (to be used to	y/State and Zip Code  y/ Mall-Com for future annual report notification)	L R
	concerning this matter, please		
BOAZ VINO	apadoV	at ( 602 ) 418- Area Code & Daytime Telep	6682
Enclosed is a check for	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
ı	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 C	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TREADSTONE HoldING.  (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18401 30TH ST. LUTZ, FL 33559-5895	(SAME)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
KARI F. BUH Name	
4105 South Bar Florida street addr	ress (P.O. Box NOT acceptable)
TAMPA City, Stat	FL 336// 57 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	BOAZ VINOGRADO 1840/30174 S LUTZ, FL 3359	1785T 59-5890
<del></del>		
(Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing:st be specific and cannot be more th	
LE V: Effective date, if other than the effective date is listed, the date mu	st be specific and cannot be more th	

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)