

L14000004879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

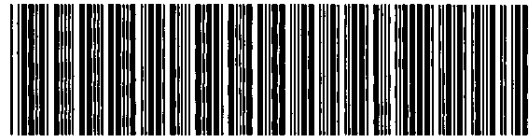
Special Instructions to Filing Officer:

JAN - 9 2013

A. LUNT

W13-68272

Office Use Only



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12/11/13--01017--010 **160.00

RECEIVED
JAN 14 2013
STATE
CLERK'S OFFICE

2013 DEC 26 PM 4:12

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2013

PATRIC GEKOSKI
1843 MASSACHUSETTS AVE. NE
ST. PETERSBURG, FL 33703

SUBJECT: PATRIC GEKOSKI LLC
Ref. Number: W13000068272

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2013 DEC 26 PM 4:12
TALLAHASSEE, FL

We have received your document for PATRIC GEKOSKI LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 613A00028401

Patric Gekoski
1843 Massachusetts Ave NE
Saint Petersburg FL, 33703
727-342-3396

FILED

2013 DEC 26 PM 4:12

CLERK OF COURT
JANUARY 1, 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patric Gekoski
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:

Patric Gekoski
Name of Person

Patric Gekoski LLC
Firm/Company

1843 Massachusetts Ave NE
Address

St Pete FL 33703
City/State and Zip Code

Patricgekoski@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patric Gekoski at (727) 342-3396
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Patric Gekoski, 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:

1843 Massachusetts Ave NE
St. Petersburg
FL 33703

1843 Massachusetts Ave NE
St. Petersburg
FL 33703

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:

Patric Gekoski

Name

1843 Massachusetts Ave NE

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33703

City

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 605, F.S.

X Patric Gekoski

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT
JULIA H. GIBSON, CLERK

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Patric Gekoski
1843 Massachusetts Ave NE
Atlanta GA 30303

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CLERK
STATE OF FLORIDA
TALLAHASSEE

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X Patric Gekoski

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Patric Gekoski

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)