

L14000007866 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

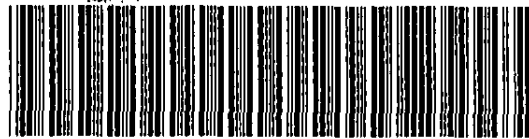
(Business Entity Name)

(Document Number)

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

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B. BOSTICK

JAN 16 2014

EXAMINER

CORPDiRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **01/16/2014**

**REF. #:**           **9021013**

**CORP. NAME:**   **2950 GANDY PARTNERS, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70013294 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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2014 JAN 16 PM 11:49  
TALLAHASSEE, FL

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: 2950 Gandy Partners, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3203 W. Cypress St., Tampa, FL 33607

**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

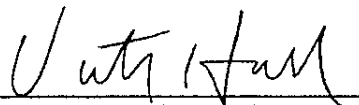
The name and the Florida street address of the registered agent are Victor W. Holcomb, 3203 W. Cypress St., Tampa, Florida 33607.

**ARTICLE V  
MANAGER**

The name and address of the Manager is:

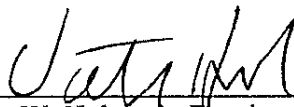
Victor W. Holcomb  
3203 W. Cypress St.  
Tampa, FL 33607

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

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TAMPA, FLORIDA

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 605.0201, Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

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FALLEN ST. 1000