

L140000/3829

(Requestor's Name)

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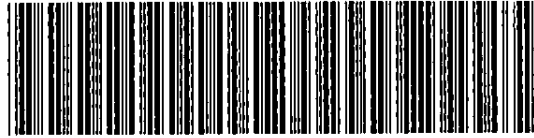
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 01/24/14

REF. #: 9029923

CORP. NAME: SZERENCSES, LLC

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CLERK OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <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# 70013853 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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

Examiner's Initials

ARTICLES OF ORGANIZATION

SZERENCSES, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SZERENCSES, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and of the principal place of business of the Limited Liability Company within the State of Florida shall be:

5611 Bayshore Road
Palmetto, Florida 34221

ARTICLE III MAILING ADDRESS

The mailing address of the Limited Liability Company shall be:

P.O. Box 1568
Sunset Beach, California 90742

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Juan C. Villaveces, Esquire
240 South Pineapple Blvd., 9th Floor
Sarasota, Florida 34236

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
22 day of January, 2014.

WITNESSES:

PARK VILLAGE LLC, a California limited liability company

By: Compton AFCOM, Inc., a California corporation, as its Manager

By: Tonia Sonju
Tonia Sonju, President

Print Name _____

Print Name _____

"MANAGER"

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0201 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SZERENCSES, LLC
2. The name and the Florida street address of the registered agent are:

Juan C. Villaveces, Esquire
240 South Pineapple Blvd., 9th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

1/24/14

Juan C. Villaveces, Esquire

"REGISTERED AGENT"

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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