

L14 000036188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

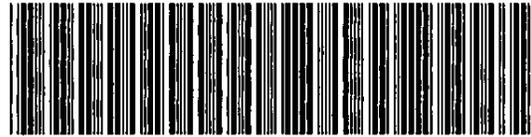
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256967367

03/03/14--01017--020 **160.00

2014 MAR -3 PM 11: 27
SECRETARY OF STATE
TOLSON BUILDING
WASHINGTON, DC 20540

FILED

MAR - 4 2014

T CLIN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLAZA ARTS, LLC
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:

R MICHAEL REED
Name of Person

Firm/Company

9800 N REVERE AVE
Address

KANSAS CITY, MO 64154
City/State and Zip Code

MIKE @ LSOD.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R MICHAEL REED at (816) 935-1856
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

2014 MAR -3 AM 10:27
RECEIVED
REGISTRATION SECTION

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLAZA ARTS, 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:

400 4th AVE S
406
ST PETERSBURG, FL 33701

Mailing Address:

400 4th AVE S
406
ST PETERSBURG, FL 33701

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:

GREYDON W NEDBLAKE
Name

400 4th AVENUE S, #406
Florida street address (P.O. Box NOT acceptable)

ST PETERSBURG FL 33701
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.

Greydon Wasley Nedblake
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014 MAR -3 AM 11:27
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

Name and Address:

R MICHAEL REED
9800 N REVERE AVE
KANSAS CITY, MO 64154

NATALIE NEDBLAKE
9800 N REVERE AVE
KANSAS CITY, MO 64154

GREYDON W NEDBLAKE
400 4TH AVENUE S, #406
ST PETERSBURG, FL 33701

(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:

R Michael Reed

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.)

R MICHAEL REED
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)

2014 MAR -3 AM 11:27
STATE OF FLORIDA
DEPARTMENT OF STATE