

04/07/2014
4/3/2014

MACFARLANE FERGUSON

Division of Corporations

(FAX) 27 441 8470

P 11/004

L14000055380

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jmm@macfar.com

**FLORIDA LIMITED LIABILITY CO.
FMC Stadium Drive, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED

14 APR -3 PM 2:25

FLORIDA

STATE
ALLAHASSEE, FLORIDA

14 APR -3 AM 10:07

FILED

APR -4 2014

T. BROWN

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMC Stadium Drive, 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:

J. Matthew Marquardt, Esq.
Name of Person

Macfarlane Ferguson & McMullen
Firm/Company

625 Court Street, Suite 200
Address

Clearwater, Florida 33756
City/State and Zip Code

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

For further information concerning this matter, please call:

J. Matthew Marquardt at (727) 441-8988
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FMC Stadium Drive, 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:2160 Via Bella Blvd.
Land O'Lakes, Florida 34639Mailing Address:38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

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:

J. MATTHEW MARQUARDT

Name

825 COURT STREET, SUITE 200Florida street address (P.O. Box NOT acceptable)CLEARWATER

City

FL 33768

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 APR - 3 AM 10:01
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager


MGRName and Address:JOE DELATORRE38136 MARKET SQUAREZEPHYRHILLS, FL 33542

(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:**


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.)

J. MATTHEW MARQUARDT

Typed or printed name of signer

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)