

04/03/2014  
4/3/2014

12:37 MAC FARLANE FERGUSON

Division of Corporations

(FAX) 442-84

P 01 004

L14000055530

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000080031 3)))



H140000800313ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 Town Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

APR - 4 2014

A. LUNT

RECEIVED

14 APR - 3 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000080031 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FMQ Town Center, 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

jmm@macfar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Matthew Marquardt

Name of Person

at ( 727 )

Area Code

441-8868

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -3 PM 12:54

FILED

H14000080031 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FMC Town Center, 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:2150 Via Bella Blvd.  
Land O'Lakes, Florida 3463938135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542

## ARTICLE III - Registered Agent, Registered Office, &amp; 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 33758

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -3 PM 12:54

FILED

H14000080031 3

**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:**JOE DELATORRE38135 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)**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2014 APR - PM 12:54

FILED