## L14000092306

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	, , , , , , , , , , , , , , , , , , ,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



500260735725

06/03/14--01032--011 \*\*160.00

в. воsтіск JUN **- 9** 2014

**EXAMINER** 

## COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT: 780 E	dorado Avenue LLC Name of Li	imited Liability Company		<del>-</del>	
The enclosed Article	s of Organization and fee(s)	are submitted for filing.			
Please return all corre	espondence concerning this r	natter to the following:			
H. Patrio	ck Weber				
	•	Name of Person			
Barrett &	& Weber, LPA				
		Firm/Company			
<u>105 Eas</u>	t Fourth Street, Suite 500				
		Address			
Cincinna	iti, Ohio 45202-4015				
		City/State and Zip Code			
pamela.conner	s.taylor@gmail.com E-mail address: (to be use	ed for future annual report notific	ation		٤.
For further information	on concerning this matter, ple	·	uciony		1. ÷
To take morning	·	ase can.		- E. O.	ı
H. Patrick Weber		<u>513</u> ) <u>721-2120</u>			} .
Nar	ne of Person	Area Code Daytime Te	lephone Numbe		
Enclosed is a check for	or the following amount:			3	<del>-</del>
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &	d)
	iling Address	Street/Courier Add			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company is:			
780 Eldorado Avenue LLC			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC."	)	
ARTICLE 11 - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is	:	
Principal Office Address:	Mailing Address:		
780 Eldorado Avenue Clearwater Beach, Florida 33767-1422	6506 Werk Road Cincinnati, Ohio 45248		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate ann.)	ı individ	ual or
The name and the Florida street address of the registered	agent are:		
<u>Lynda King</u> Name			
9094 Mockingbird Drive Florida street address (P.O. Box	( NOT acceptable)		
Sanibel	FL 33957-3611		
City	Zip		
( )hing	ot the appointment as registered agent and of all statutes relating to the proper and coligations of my position as registered agenter 605, F.S	agree to omplete p	act in this performance
egistered Agent's Signa	ture (KEQUIKED)	I'.	22
(CONTINU	ED)		-12-
(Colitino	<i>uu,</i>		ن -

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Pamela C. Taylor
	6506 Werk Road
	Cincinnati, Ohio 45248
AMBR	Bruce A. Taylor
	6506 Werk Road
	Cincinnati, Ohlo 45248
•	
<del></del>	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the date of the date is listed, the date must be specifilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date of ective date is listed, the date must be spend filling.)  E VI: Other provisions, if any	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date of cetive date is listed, the date must be specifilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of a men	cific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605)	nber or an authorized representative of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Pamela C. Taylor	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Pamela C. Taylor	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee

ARTICLE IV-

Page 2 of 2