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(Re	questor's Name)	
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JUL 15 2014

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: 605 45 TH AVE N, 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:
DANTEL J. TILLWICK Name of Person
Firm/Company
Co
130 Southern PINE CT NE
ST PETERSBURG, FL
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAN TILLWICK at (727) 698 7310  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
730 Southern PineCt NE St. Petrsburg FL, 38703	930 Southern Pine CAME St. Pelesbury FC, 33703
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
DANETILLA	ICK
907 Sallar	Pine Ct NE x NOT acceptable)
Florida street address (P.O. Bo	x NOT acceptable)
St. Polersbur	FL 33703
City	Zip
the place designated in this certificate, I hereby accep	rvice of process for the above stated limited liability company a of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance
of my duties, and I am familiar with and accept the ob	ligations of my position as registered agent as provided for in
Chap	ner 605, 17.9
Registered Agent's Signa	iture (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person author  Title:	Name and Address:	
"AMBR" = Authorized Member	ivame and Address.	
"MGR" = Manager	Doniel Tillwork	
MUCK	930 Southern Fine (1 1/E	
	St. PC/Sburg, FL 337	03
AMGR	KELLY INTHERSON	
	930 Southern Pine CT IVE	
	St. Poleisburg, FL, 33=	<del>10</del> 3_
	9	
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(Use attachment if necessary)  LE V: Effective date, if other than the date of ffective date is listed, the date must be specific of filing.)	filing: (OPTION ic and cannot be more than five business days pric	AL) or to or 90 days
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