

11-25-11; 12:14PM;  
11/25/2014

845-818-3588

# 1/ 3

**L14000182388**

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.**

(((H14000273679 3)))



**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 : VCORP SERVICES, LLC  
Account Number : I2008000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

RECEIVED

14 NOV 25 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
The Hammocks Tampa LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 25 AM 7:28

FILED

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu NOV 26 2011

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Hammocks Tampa 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:**Mrs. Patricia Tomeo  
2300 NE 33rd Avenue  
Ft. Lauderdale, FL 33305**Mailing Address:**Mrs. Patricia Tomeo  
2300 NE 33rd Avenue  
Ft. Lauderdale, FL 33305**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:

Patricia Tomeo

Name

2300 NE 33rd AvenueFlorida street address (P.O. Box NOT acceptable)Ft. Lauderdale, FL 33305

FL

City, State, and 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 608, F.S.,*

Patricia Tomeo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**FILED**  
14 NOV 25 AM 7:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****MGRM**

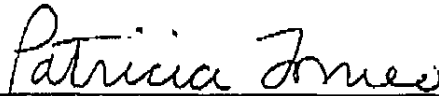
Patricia Tomeo

3 Rosella Court

West Babylon, NY 11704

(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.)

**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Patricia Tomeo

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)

FILED  
 14 NOV 25 AM 7:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA