

Division of Corporations

01/14/2015 09:50 P.003/005

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L15000007353

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:

Debbie Thacker
Account Name : ALLEN DELL, P.A.
Account Number : 120040000136
Phone : (813)223-5351
Fax Number : (813)229-6682

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: X Stief@allendell.com

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FLORIDA LIMITED LIABILITY CO.
Pate Family, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS
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From:
817-617-8381

1/13/2015 8:20:45 AM PAGE

01/14/2015 09:50 #019 P.002/005
1/001 Fax Server



January 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLEN DELL, P.A.

SUBJECT: PATE FAMILY, LLC
REF: W15000002152

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the title of persons authorize to manage.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000008977
Letter Number: 315A00000625

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BUREAU OF COMMERCIAL
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P.O BOX 6327 - Tallahassee, Florida 32314

From:

01/14/2015 09:50 FILED #036 P.004/005

2015 JAN 14 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pate Family, 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:

4706 Neptune Street
Tampa, FL 33629

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:

Claudia Pate Young

Name

4706 Neptune Street

Florida street address (P.O. Box **NOT** acceptable)

Tampa

City

FL 33629

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.

Claudia Pate Young
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

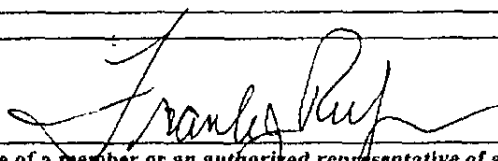
"MGR" = Manager

Claudia Pate Young, MGR**Name and Address:**4706 Neptune StreetTampa, FL 33629Thomas Lowe Young, MGR2619 W. WatrousTampa, FL 33629Cynthia Young Cox, MGR4521 Brookwood DriveTampa, FL 33629

(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.)

Frank J. Rief, III

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)

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TALLAHASSEE, FLORIDA