

L15000045758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

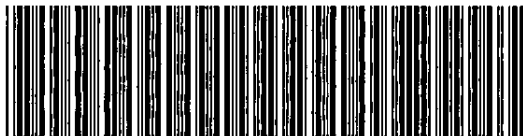
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MAR 13 2015
D. BRUCE

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February 25, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

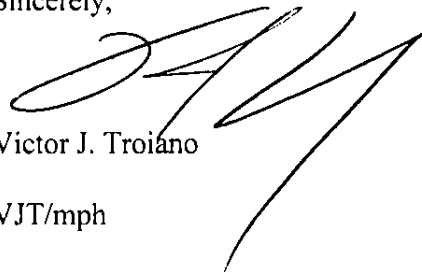
Re: Ghost 319 LLC
Our File No.: 2015-0125

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Victor J. Troiano

VJT/mph

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: Ghost 319 LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 429 E. Timberlane – Office, Lakeland, Florida 33801

b: Street Address: 429 E. Timberlane – Office, Lakeland, Florida 33801

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lyle Fling

Name

429 E. Timberlane - Office

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33801

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 605, F.S.


Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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ARTICLE V –

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

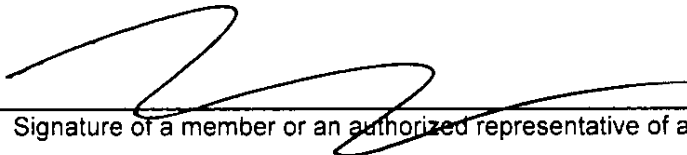
Name and Address:

AMBR

Lyle Fling
429 E. Timberlane – Office
Lakeland, Florida 33801

ARTICLE VI: 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.



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.)

Lyle Fling

Typed or printed name of signee

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