| . 1.500 | 0046915 |
|--|---------------------------|
| (Requestor's Name) (Address) (Address) | 900269221139 |
| (City/State/Zip/Phone #) | 02/13/1501011022 **160.00 |
| (Business Entity Name) (Document Number) | |
| tified Copies Certificates of Status | |
| | |
| special Instructions to Filing Officer: | 15 MAR -2 AH II: 57 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2015

MICHAEL VASILOPOULOS 2710 MANAIR DR PALM HARBOR, FL 34683

SUBJECT: AETOS ORGANIZATION LLC Ref. Number: W15000012607

We have received your document for AETOS ORGANIZATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 015A00003624

www.sunbiz.org

Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: organiza

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:

| Michael Vasilopoulos | |
|--|--|
| Name of Person | |
| _N/A | |
| Firm/Company | |
| 2710 MChair DI. | |
| Address | |
| Palm Harbor Florida 34683 | |
| City/State and Zip Code | |
| Detos corporation Q a mait. Com | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Michael Vasilopulos at (7)7) 647-3824 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Actos | Organization L.L.C. | |
|-------|---|--|
| | (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: |
|-----------------------------------|-------------------------------------|
| 2710 MCNOTC Dr. Poly Harber Phyla | 2710 Mchair Dr. Palm Horber Florida |
| | |

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:



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

| Спарает 603, г.з. | 5 |
|---|--------|
| M. Wab | HAR T |
| Registered Agent's Signature (REQUIRED) | -2 |
| (CONTINUED) | |
| Page 1 of 2 | 画書 い 一 |
| | |

ARTICLE IV- (

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

<u>Title:</u>

AMBR

"AMBR" = Authorized Member "MGR" = Manager

Name and Address:

Michael A. Vasilopoulos **B**1. Pala Harber Plande MChait 419

34698 Tron Mont Way Dunedin FL

(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.

REOUIRED 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.) MAR-2 opoulos Michal Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent AH 11:5: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2