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SECRETARY OF STATE

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## **COVER LETTER**

Divisio	on of Corporations		
SUBJECT:	NTALKOS C	-LC	
	Name of Lir	mited Liability Company	
The enclosed A	rticles of Organization and fee(s) ar	re submitted for filing.	
Please return all	correspondence concerning this m	natter to the following:	
	MARIA NTA	AIKOS	
		Name of Person	
		Firm/Company	
	1404 GULF	RD. Address	
		Address	
	TARPON SPR	IN65 FC, 34 City/State and Zip Code	689
	C	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notifica	ation)
For further info	mation concerning this matter, plea	ase call:	
MARIA	NTAIKOS at (	727 , 940-	7483
,	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a ch	eck for the following amount:		
□ \$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Adduna	Carry (IC)	

Mailing Address

TO: Registration Section

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

APPROVEL AND FILED

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

NTAIKOS 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:
1404 GUERD	1404 GULF RP.
TARPON SPRINGS FL	TARPON SPRINGS FL
34689	34689
	•

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:

MARI	$A \wedge$	/TAI+	505	
		Name		
1404	GULF	RD.		
Florida street a	address (P.C	). Box <u>N</u>	OT acce	eptable)
TARPON	SPRIA	165	FL	34689
	City			Zin

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 (REQUIRED)

(CONTINUED)

Page 1 of 2



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:  SECRETARY OF ST		
"MGR" = Manager AMBR	TALLAHASSEE FLOI MARIA NTAIKOS		
777134	1404 GULF RD.		
	TARPON SPRINGS FL 34689		
MGR	GEORGIOS NTAIKOS		
	1404 GULF RD		
	TARPON SPRINGS FL 34689		
(Use attachment if necessary)	4.000		
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)	nte of filing: APRIL 7, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or		
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)	nte of filing: APRIL 7, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or		
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LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or		
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E V: Effective date, if other than the date ective date is listed, the date must be soff filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation under the constitutes at third degree felorestitutes a third degree felorestitutes at the constitutes at the cons	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State		

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)

ARTICLE IV-