

L15000076162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

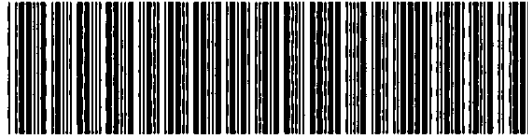
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 APR 29 PM 12:20  
TALLAHASSEE, FLORIDA

11/15-27109

APR 30 2015

T. BROWN

**TARPON LOVE, LLC  
P.O. BOX 420236  
SUMMERLAND KEY, FLORIDA 33042**

March 26, 2015

Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: TARPON LOVE, LLC

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Organization for the above referenced limited liability company, along with a check in the amount of \$125.00 to cover the cost of filing of the same. Please return a filed copy of the Articles to this office in the return envelope provided at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Pabian', with a stylized flourish at the end.

Kristine E. Pabian

Encls.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

KRISTINE E. PABIAN  
TARPON LOVE, LLC  
PO BOX 420236  
SUMMERLAND KEY, FL 33042

SUBJECT: TARPON LOVE, LLC  
Ref. Number: W15000027109

We have received your document for TARPON LOVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 015A00007757

**ARTICLES OF ORGANIZATION FOR  
TARPON LOVE, LLC**

**ARTICLE I: Name**

The name of the Limited Liability Company is: **TARPON LOVE, LLC**

**ARTICLE II: Address:**

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

**Principal Office Address: 5625 2<sup>ND</sup> AVENUE, UNIT 6  
KEY WEST, FLORIDA 33040**

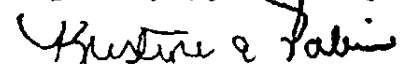
**Mailing Address: P.O. BOX 420236  
SUMMERLAND KEY, FLORIDA 33042**

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

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

**KRISTINE E. PABIAN  
1315 UNITED STREET  
KEY WEST, FLORIDA 33040**

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
KRISTINE E. PABIAN

**ARTICLE IV: Manager and Managing Member(s):**

**MGR: KRISTINE PABIAN**

**MGRM: ROBERT PABIAN**

  
KRISTINE PABIAN, MANAGER

(In accordance with §605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILED**  
15 APR 28 PM 12:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA