L16000015386

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(2.5
(Document Number)
Certified Copies Certificates of Status
Capaial Instructions to Filing Officer
Special Instructions to Filing Officer:

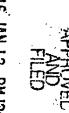
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SECRETARY OF STATE





COVER LETTER

	Registration Section Division of Corporations
SUBJEC*	North East Third Street Properties
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	John S. Clardy III, Esquire
	Name of Person
	Clardy Law Firm, P.A.
	Firm/Company
	243 N.E. 7th Street
	Address
	Inverness, FL 34428
	City/State and Zip Code tuffy430@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	John S. Clardy III 352 795-2946 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHUVEL!

ARTICI	EI-	Name:
--------	-----	-------

The name of the Limited Liability Company is:

16 JAN 13 PH 12: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

North East Third Street Properties, 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:

<u>Principa</u>	al Office Address:			Mailing Address:
430 N.E. 3rd Street			PO	Box 1312
Crystal River, FL 344	29		Cry	stal River, FL 34423
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an action The name and the Florida street a	cannot serve as its ow ctive Florida registrat	n Registe ion.)	red Agent.	ent's Signature: You must designate an individual or
		Name		
	430 N.E. 3rd Street			
	Florida street addre	ess (P.O.	Box NOT a	acceptable)
	Crystal River, FL 34	4429		
	City	S	ate	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)

Page 1 of 2

(CONTINUED)

APPHOVEE FILED

	· · · · · · · · · · · · · · · · · · ·
Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address: SECRETARY OF STATE FALLAHASSEE, FLORIDA Dennis Damato 430 N.E. 3rd Street Crystal River, FL 34429
MGR	Patricia Damato 430 N.E. 3rd Street Crystal River, FL 34429
(Use attachment if necessary)	
an effective date is listed, the date must be speedate of filing.)	meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specture date of filing.) ote: If the date inserted in this block does not a	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed

Filing Fees:

Typed-or-printed name_of_signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)