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16 MAR 21 PM 2: 40

3/28/14

COVER LETTER

	egistration Section livision of Corporations					
SUBJECT	728 Douglas LLC					
SUBJECT		Limited Liabil	ity Company		_	
The enclos	sed Articles of Organization and fee(s)) are submitted	for filing.			
Please retu	ırn all correspondence concerning this	matter to the	following:			
	Terri Little					
		Name of	Person			_
	LR Little and Associates					
		Firm/Co	mpany			_
	549 Main Street					
		Addr	ess			_
	Dunedin, FL 34698					
	trlittle99@gmail.com	City/State an	d Zip Code			_
	E-mail address: (to be u	sed for future a	nnual report notification	on)		_
For further i	nformation concerning this matter, ple	ease call:				
	Tina Marie Avila	72 7	642-2523			
	Name of Person	Area Code	Daytime Telephone	Number	-	
Enclosed i	s a check for the following amount:					
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	└──Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 F Certificat Certified (additional of	e of Status & Copy	osed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle	#1.755 T.350	

EFFECTIVE DATE 63/18/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•			•			
The name of the Limited Liabi	lity Company is:				FILE	ED	
728 Douglas LLC.				16	MAR 21	Pli	2: 40
(Must en	d with the words "Limited	d Liability Comp	oany, "L.L.C.," or "LLC.")	7.1		· ;.	TATU
ARTICLE II - Address:				į :		, .	
The mailing address and street	address of the principal of	office of the Lim	ited Liability Company is:				
<u>Princ</u>	ipal Office Address:		Mailing Ad	dress:	:		
728 Douglas Ave			LR Little Association				
Dunedin, FL			549 Main Street				
34698			Dunedin, FL 34698				
	Terry Little	Name					
		Name					
	549 Main Street						
	Florida street addres	ss (P.O. Box <u>NC</u>	T acceptable)				
	Dunedin	FL	34698				
	City	State	Zip				
daving been named as registere place designated in this certifica in the agree to comply with the um familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position	pointment as reginelating to the proason as registered ag	stered agent and agree to a oper and complete perform	ct in th ance o	his capacity f my duties.	. <i>I</i>	,
		(CONTINUI	ED)				

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager AMBR	Francisco Javier Avila
	205 Lagoon Drive
	Palm Harbor, FL 34683
AMBR	Tina Marie Avila
7111111	205 Lagoon Drive
	Palm Harbor, FL 34683
MGR	Stacey Lee Pilato
MOK	121 Agnes Lane
	Bound Brook, NJ 08805
EV: Effective date, if other than the ective date is listed, the date must filling.) the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 or not meet the applicable statutory filing requirements, this date will not l
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