

L16000117359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000285519920

06/15/16--01018--019 **212.50

FILED
SECTION OF STATE
DIVISION OF CORPORATIONS
15 JUN 16 PM 12:42

EFFECTIVE DATE 66/25/16

06/22/16

KEANE, REESE, VESELY & GERDES, P.A.
ATTORNEYS AT LAW

CHARLES W. GERDES
BRANDON S. VESELY♦
SHIRIN M. VESELY*
NICOLE M. ZIEGLER

MICHAEL J. KEANE
(1953-2014)
MICHAEL K. REESE
(1953-2001)

†FLORIDA BAR BOARD CERTIFIED CIVIL TRIAL LAWYER
▲FLORIDA BAR BOARD CERTIFIED BUSINESS LITIGATION LAWYER
♦FLORIDA BAR BOARD CERTIFIED APPELLATE LAWYER
*FLORIDA SUPREME COURT CERTIFIED MEDIATOR

770 SECOND AVENUE SOUTH
ST. PETERSBURG, FLORIDA 33701

POST OFFICE BOX 57
ST. PETERSBURG, FLORIDA 33731-0057

TELEPHONE (727) 823-5000
FACSIMILE (727) 894-1023

WWW.KRVGLAW.COM

June 14, 2016

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

RE: New Filing for THRIVE C&C, LLC

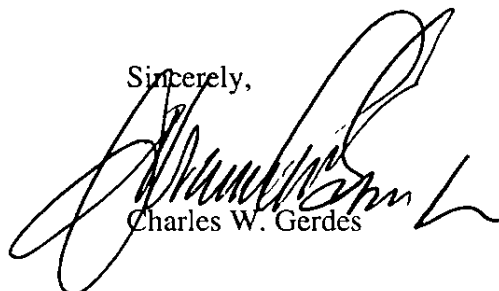
Dear Madame or Sir:

Enclosed, please find the necessary documents for a new Florida limited liability company filing for THRIVE C&C, LLC. Additionally, I have enclosed my check in the amount of \$212.50 in payment for the following:

1. Filing Fee \$125.00
2. Certificate of Status and Certified Copy \$35.00
3. 6 Additional Certified Copies of Certificate of Status (@ \$8.75 ea.) \$52.50

Thank you for your assistance in this matter and please do not hesitate to contact me directly if you require anything further.

Sincerely,



Charles W. Gerdes

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THRIVE C&C, LLC

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:

Charles W. Gerdes

Name of Person

Thrive C&C, LLC

Firm/Company

770 2nd Avenue

Address

St. Petersburg, FL 33701

City/State and Zip Code

cgerdes@krvglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Gerdes

727

823-5000

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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 Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

THRIVE C&C, 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:

770 2nd Avenue South

St. Petersburg, FL 33701

Mailing Address:

770 2nd Avenue South

St. Petersburg, FL 33701

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:

Keane, Reese, Vesely & Gerdes, P.A.

Name

770 2nd Avenue South

Florida street address (P.O. Box **NOT** acceptable)

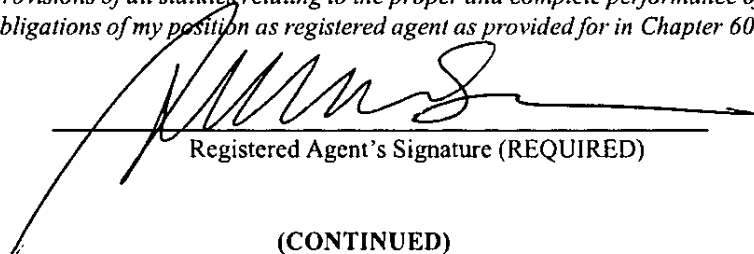
St. Petersburg, FL 33701

City

State

Zip

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)

16 JUN 15 PM 12:42

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PETERSBURG, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Name and Address:

Jim Valenty

11522 Pine Street

Seminole, FL 33772

MGR/AMBR

Charles Gerdes

6459 29th Avenue North

St. Petersburg, FL 33710

AMBR

Josephine Valenty

12045 68th Terrace North

Seminole, FL 33772

AMBR

Barbara Cameron

7872 Sailboat Key Blvd. # 102

South Pasadena, FL 33707

(Use attachment if necessary);

see attached

ARTICLE V: Effective date, if other than the date of filing: June 25, 2016. (OPTIONAL)

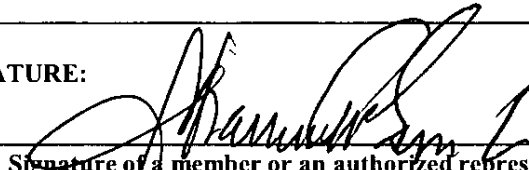
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of this limited liability company is to support, nurture, protect and preserve the union of Cecily and Copley.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles W. Gerdes

Typed or printed name of signee

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)

FILED
JUN 15 PM 12:42
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

THRIVE C&C, LLC
ARTICLE IV (CONT'D)

<u>Title</u>	<u>Name and Address</u>
AMBR	Celeste Valenty 11522 Pine Street Seminole, FL 33772
AMBR	Louanne Gerdes 6459 29 th Avenue North St. Petersburg, FL 33710
AMBR	Delores Copley 1391 S. Ocean Blvd. # 1005 Pompano Beach, FL 33062
AMBR	Annalise Gerdes 6810 Stone's Throw Circle # 13209 St. Petersburg, FL 33710