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# **COVER LETTER**

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## TO: Registration Section Division of Corporations

7th Ave Realty LLC

SUBJECT:

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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:

Caleb Thomas Ritter Name of Person 7th Ave Realty LLC Firm/Company 1503 E 7th Ave #8 Address Tampa, FL 33605 City/State and Zip Code ctritter27@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 403-2025 Caleb Ritter 813 at ( Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, \$125.00 Filing Fee V Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address New Filing Section New Filing Section Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### 7th Ave Realty 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:	<u>Mailing Address</u> :
1503 E 7th Ave #8	1503 E 7th Ave #8
Tampa, PL 33605	Tampa, FL 33605

# 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:

Caleb Thomas Ritte	r	
	Name	
2002 E 5th Ave #20	6	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Tampa	Fl	33605
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..

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Registered Agent's Signature (REQUIRED)

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# ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Caleb Thomas Ritter 2002 E 5th Ave #206 Tampa, FL 33605

(Use attachment if necessary)

\_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_ (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.

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Sta constitutes a third degree felony as provided for in s.817.155, F.S.	
Caleb Thomas Ritter	
Typed or printed name of signee	- 4
Filing Fees:	و سه 
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	1 1
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	
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