# L16000139209

(Requestor's Name)		
(Address)		
. (Address)		
(Cit	ty/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



300286985193

07/11/16--01039--005 \*\*125.00

TALLAHASSEE FLORIDA



**TO:** Registration Section

Division of Corporations

**SUBJECT:** Drew Street Plaza LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spiro J. Verras, Esq.
Verras Law, P.A.
31640 US Highway 19 N, Suite 4
Palm Harbor, Florida 34684
E-mail address (to be used for future annual report notification): spiro@verras-law.com

For further information concerning this matter, please call:

Spiro J. Verras, Esq. at (727) 493-2900

Enclosed is a check for the following amount: \$125.00 Filing Fee

### **MAILING ADDRESS:**

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

## STREET/COURIER ADDRESS:

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



# ARTICLES OF ORGANIZATION OF DREW STREET PLAZA LLC

ARTICLE I - NAME

The name of the limited liability company is Drew Street Plaza LLC, ("company").

#### ARTICLE II - ADDRESS

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

Principal Office Address: 2166 Andrews Court Dunedin, Florida 34698

Mailing Address: 2166 Andrews Court Dunedin, Florida 34698 15 JUL 1 PM 6: 56
SECRETARY OF STATE
TALLAHASSEF FLORIC

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Verras Law, P.A. 31640 US Hwy 19 N, Suite 4 Palm Harbor, Florida 34684

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.

rerrub Buvi, i

### **ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Phyllis S. Frantzis

2626 Saint Joseph Drive W Dunedin, Florida 34698

MGR

Angela S. Lalaounis 2166 Andrews Court Dunedin, Florida 34698

# **REQUIRED SIGNATURE:**

Signature of 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.

Angela S. Lalaounis

Typed or printed name of signee

SECRETARY OF SIAIL