

116000221943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

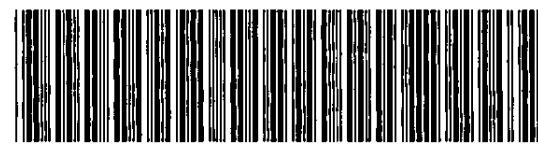
(Business Entity Name)

(Document Number)

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2016 DEC - 7 AM 7:27
S E C U R I T Y O F S T A T E
T A L L A H A S S E E , F L O R I D A

FILED

V HERRING
DEC - 9 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pasco County Professional Firefighters Building Fund, 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:

James W. Kirkconnell, Esq.

Name of Person

ChildersLaw,LLC

Firm/Company

2135NW 40th Terrace, Suite B

Address

Gainesville, FL 32605

City/State and Zip Code

jkirkconnell@smartbizlaw.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

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

ARTICLE IV-

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

FILED**2016 DEC -7 AM 7:27****SECY. OF STATE
TALLAHASSEE, FLORIDA****Title:**

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Tim Zukosky
21735YMCA CampRoad
LandO'Lakes,FL 34639

MGR

Joe Russo
21735YMCA CampRoad
LandO'Lakes,FL 34639

MGR

John Falls
21735YMCA CampRoad
LandO'Lakes,FL 34639

MGR

Richard Mancuso
21735YMCA CampRoad
LandO'Lakes,FL 34639

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

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.

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)