

L11000192303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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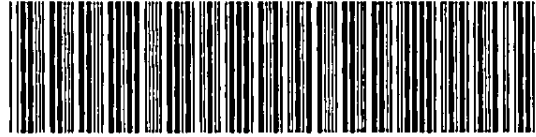
(Business Entity Name)

(Document Number)

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SEP 14 2017  
17 SEP 14 AM 9:49  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Olive Estates, 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](mailto:spiro@verras-law.com)

For further information concerning this matter, please call:

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

Enclosed is a check payable to the "Florida Department of State" 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  
OLIVE ESTATES, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Olive Estates, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

2424 West Tampa Bay Blvd., Apt. D203  
Tampa, Florida 33607

Mailing Address:

2424 West Tampa Bay Blvd., Apt. D203  
Tampa, Florida 33607

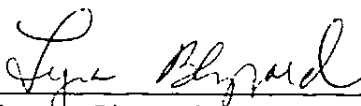
**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Lyra Clarette Blizzard  
2424 West Tampa Bay Blvd., Apt. D203  
Tampa, Florida 33607

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*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.*

  
\_\_\_\_\_  
Lyra Clarette Blizzard

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

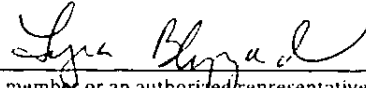
"AMBR" = Authorized Member

Name and Address:

MGR

Lyra Clarette Blizzard  
2424 West Tampa Bay Blvd., Apt. D203  
Tampa, Florida 33607

#### 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.

Lyra Clarette Blizzard

\_\_\_\_\_  
Typed or printed name of signee

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