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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 13 2018

W18-1261



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2018

LISA CASTELLANO
2101 W PLATT STREET
TAMPA, FL 33606

SUBJECT: THE LOCAL, TAMPA LLC
Ref. Number: W18000012611

We have received your document for THE LOCAL, TAMPA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 018A00002671

D O'KEEFE
FEB 13 2018

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TALLAHASSEE, FLORIDA

Effective Date: January 29th, 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is The Local, Tampa LLC

ARTICLE II – Address:

The principal office address of the Limited Liability Company is 5214 West Tyson Avenue, Tampa, FL 33611. The mailing address of the Limited Liability Company is P.O. Box 13109, Tampa, FL 33681.

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 Lisa Castellano 2101 W Platt Street Tampa, Florida 33606. 813-805-6603

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 608, F.S..


Registered Agent's Signature (Required)

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Alan Fosco

P. O. Box 13109

Tampa, FL 33681

MGRM

Yolanda Oram

P. O. Box 13109

Tampa, FL 33681

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ARTICLE V – Effective Date

The effective date, if other than the date of filing is January 29th 2018. (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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alan Fosco

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)