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Vitas J. Lukas, Attorney at Law

Post Office Box 40123, St. Petersburg, Florida 33743

Telephone: 727-251-4295; E-Mail: vlukas@tampabay.rr.com

February 15, 2020

William Lawrence Regulatory Specialist II Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

VIA U. S. PRIORITY MAIL

Re: Reference Number: W20000007884; edited filing of Articles of Organization for

Niko Garden Apartments, LLC.

Dear Mr. Lawrence:

In response to your correspondence (Letter Number 420A00001966) and e-mail-message of January 28, 2020, enclosed please find [1] new Articles of Organization, with the signatures of the Filing Member, KONSTANTINAS DIMA, and of the Registered Agent, PLOLE DIMIENE, [2] your form Cover Letter (both with a different entity name), and [3] a postage pre-paid Priority Mail return envelope addressed to the Registered Agent. You have previously received my trust account check in the amount of \$160.00 for your filing, certificate of status and certified copy fees.

Please accept the Articles for filing and return a certified copy thereof and acceptificate of status in the envelope provided (directly to the Registered Agent, NIJOLE DIMIENE, at 8340 – 73rd Court North, Pinellas Park, Florida 33781-1019) as soon as possible. If there is any problem with doing so, please notify me immediately at the telephone number or e-mail address shown above. Thank you for your attention to this matter.

Sincerely,

Vitas J. Lukas

Attorney for Konstantinas Dima and Nijole Dimiene

Florida Bar Number 0443166

VJL/agl Enclosures cc: clients AM 10: 25

COVER LETTER

	ew Filing Sec vivision of Co				
SUBJECT		len Apartments, LLC			
SUBJECT	•	Name of Lim	ited Liabili	ty Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please retu	ırn all correspo	ondence concerning this ma	tter to the f	oflowing:	
	KONSTAN	TINAS DIMA			
			Name of	Person	
	Niko Garde	n Apartments, LLC			
			Firm/Co	mpany	
	8340 - 73rd	Ct. N.			
			Addr	ess	_
	Pinellas Pa	rk, FL 33781-1019			
	a-kdimai@h		ity/State and	J Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:		
	KONSTANT	TINAS DIMA 72		656-1173	
	Nam	 '	rea Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	2016 SE

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 2019 DEC 30 AM IO: 25 SEURE FARY OF STATI

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Niko Garden Apartment	s, LLC		
(Must con	ntin the words "Limited I	.iability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street a	ddress of the principal of	ffice of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
8340 - 73rd Ct. N.		8340	- 73rd Ct. N.
		00.1	
The Limited Liability Company	em, Registered Office, o	Pine Registered Agent.	las Park, FL 33781-1019
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	em, Registered Office. a cannot serve as its own active Florida registration	Registered Agent.	nt's Signature:
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ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, or cannot serve as its own active Florida registration address of the registered NIJOLE DIMIENE	Registered Agent.	nt's Signature:
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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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Men	nber
"MGR" = Manager	
_	
MGR	KONSTANTINAS DIMA
	8340 - 73rd Ct. N.
	Pinellas Park, FL 33781-1019
AMBR	NIJOLÉ DIMIENÉ
AMBR	8340 - 73rd Ct, N.
	Pinellas Park, FL 33781-1019
	
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(Use attachment if necessary	a a constant of the constant o
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