1210000028SS

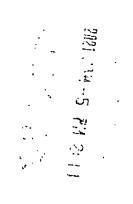
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



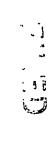


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

St Pete Elite Club LI	LC	
		
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
Name	Date Time	UCC Search
Manne	Date Time	UCC Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:	New Filing Secti Division of Corp	on orations		
SUBJ	ECT: St Pete Elite			
		ivame of Lin	nited Liability Company	
The en	closed Articles of O	rganization and fee(s) are	submitted for filing.	
Please	return all correspon	dence concerning this ma	tter to the following:	
	David Svec			
			Name of Person	
	Main Street Ho	oldings LLC		
			Firm/Company	
	3941 Tamiani	TRL Unit 3157 #76		
	2241 Tannami	TRL UNIT 3137 #76	Address	
			Addiess	
	Punta Gorda, I	L 33950		
	-	Ci	ty/State and Zip Code	
	dave@mainstre			
	E-1	mail address: (to be used	for future annual report notificati	on)
For furth	er information conc	erning this matter, please	call:	
		O 1		
	David Svec	at (<u>32</u>	<u>3</u>) <u>363-6455</u>	
	Name o	CD	ca Code Daytime Telephon	e Number
			,	
Enclose	ed is a check for the	following amount:		
		□\$130.00 Filing Fee &	□ €1 55 00 pm - 0 - 0	
	g	Certificate of Status	☐\$155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee. Certificate of Status &
			(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
	L. 111			
	<u>Mailing</u> New Filir	Address ng Section	Street Address	
	Division	of Corporations	New Filing Section Di The Centre of Tallaha	
	P.O. Box	6327	2415 N. Monroe Stree	
	rananass	ee, FL 32314	Tallahassee, FL 3230	₹

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
St. Pete Elite Club LLC	
(Must contain the words "Limited Liability ARTICLE II - Address: The mailing address and street address of the principal office of the principal offi	
Principal Office Address:	Mailing Address:
5098 66th Street N.	5098 66th Street N.
St Petersburg, FL 33709	St Petersburg, FL 33709
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	ге:
Registered Agents Inc.	
Name	

Florida street address (P.O. Box NOT acceptable)

7901 4th St N. Ste 300

St Petersburg

City State Zip

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..

tered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
·	
MGR	Diamond Lightening LLC 1309 Coffeen Ave Stc 2470
	1309 Coffeen Ave Ste 2470 Sheridan WY 82801
	Sheridan W 1 82801
(Use attachment if necessary)	
cument's effective date on the Departm CLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be sent of State's records.
REQUIRED SIGNATURE:	
Λ	7 <
Dant	Sven
Office Signature of a	member or an authorized representative of a member
	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any	false information submitted in a document to the D
I am aware that any constitutes a third de	false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
I am aware that any	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
I am aware that any constitutes a third de	false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
I am aware that any constitutes a third de David A. Sve	false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Typed or printed name of signee
I am aware that any constitutes a third de David A. Sve \$125.00 Filing Fee for Articles of	false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
I am aware that any constitutes a third de David A. Sve \$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
I am aware that any constitutes a third de David A. Sve \$125.00 Filing Fee for Articles of	Filing Fees: Organization and Designation of Registered Agent

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