

L23000306414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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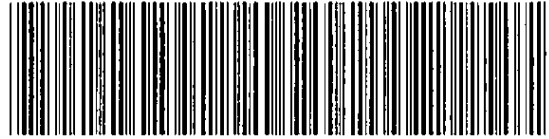
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 JUN 12 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Zembko, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T. Dandurand
SLAYMAKER AND NELSON, P.A.
2218 Highway 44 West
Inverness, FL 34453-3860
E-mail address (to be used for future annual report notification): michael@slaymakerlaw.com

For further information concerning this matter, please call:

Michael T. Dandurand at (352) 726-6129

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
OF
TOM ZEMBKO, LLC**

ARTICLE I – NAME

The name of the limited liability company is TOM ZEMBKO, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

808 Wharton Terrace
Inverness, FL 34450

Mailing Address:

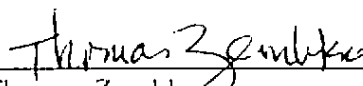
808 Wharton Terrace
Inverness, FL 34450

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

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

Thomas Zembko
808 Wharton Terrace,
Inverness, FL 34450

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.



Thomas Zembko

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

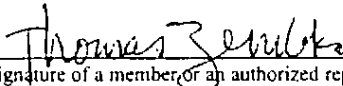
"AMBR" = Authorized Member

AMBR

Thomas Zembko
808 Wharton Terrace
Inverness FL 34450

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Thomas Zembko

Typed or printed name of signer