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DATE: 12-16-04

NAME: 6th AVENUE PARTNERS, LLC

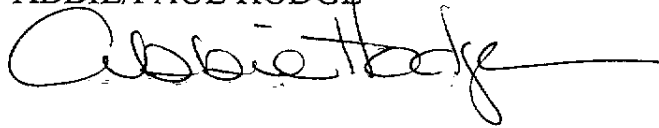
TYPE OF FILING: ARTICLES OF ORGANIZATION

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6th Avenue Partners, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meedra Surratte,
(Name of Person)

Registered Agents Legal Services, LLC
(Firm/Company)

1220 N. Market Street, Suite 606
(Address)

Wilmington DE 19801
(City/State and Zip Code)

For further information concerning this matter, please call:

Meedra Surratte, at (800) 400-6650
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE I - Name:
The name of the Limited Liability Company is:
6th Avenue Partners, LLC

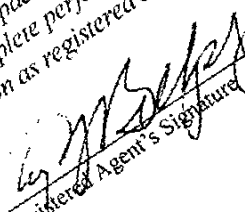
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Mailing Address:
158 6th Avenue S
Naples, FL 34102

Principal Office Address:
158 6th Avenue S
Naples, FL 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

<u>Terry J. Billingsley</u>	Name
<u>158 6th Avenue S</u>	Florida street address (P.O. Box <u>NOT</u> acceptable)
<u>Naples, FL 34102</u>	City, State, and Zip

Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby agree to comply with the statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in


Registered Agent's Signature

(CONTINUED)
Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

President

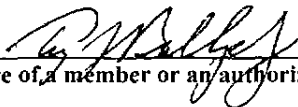
Ferry J Billingsley
158 Gth Av. So.
Naples FL 34102

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

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)