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(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Albert J. Ferraro, Jr.
Amy E. Ferraro

Telephone 904-641-7634
FAX 904-928-0908
E-mail: 4ferraro@comcast.net

11187 Schooner Court
Jacksonville, Florida 32225-1561

February 20, 2004

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Enclosed are the forms to form a Florida Limited Liability Company per Chapter 608,
Florida Statutes.

Also enclosed is a check for \$160.00 for the following fees:

\$100.00	Filing fee
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
\$ 5.00	Certificate of Status

If you have any questions or need additional information, please do not hesitate to
contact us.

Sincerely,



Al Ferraro Jr.



Amy Ferraro

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ferraro Properties, 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:

Albert J Ferraro, Jr.
(Name of Person)

Ferraro Lawn Service, Inc
(Firm/Company)

PO Box 350457
(Address)

Jacksonville FL 32235-0457
(City/State and Zip Code)

For further information concerning this matter, please call:

Albert J Ferraro Jr at (904) 641-7634
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ferraro Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

11187 Schooner Court

Jacksonville FL 32225

Mailing Address:

PO Box 350457

Jacksonville FL 32235-0457

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Amy E. Ferraro

Name

11187 Schooner Court

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

Jacksonville

FLORIDA 32225

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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:

MGRM

Albert J. Ferraro, Jr.
11187 Schooner Court
Jacksonville FL 32225

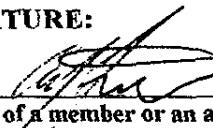
MGRM

Amy E. Ferraro
11187 Schooner Court
Jacksonville FL 32225

(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.)

Albert J. Ferraro, Jr.

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)