

L04000018231

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L04-18231 3/9/04 JM

**LAMBORGHINI PRODUCTS LLC**

**P.O. Box 970025  
Boca Raton, Florida  
33497 U.S.A**

**561-271-7468  
Fax 561 451-4889  
www.LamborghiniProducts.com**

March 9, 2004

Dear Jason Merrick,

Inclosed is the application for the Florida Limited Liability Company. The initials LLC are added to the company name per your request. I hope this completes the application and we can get our approval. As per our conversation you still have our check for the \$125.00 application fee. Thank you for your assistance in this matter.

Sincerely,

Nicole / customer service

Lamborghini Products LLC

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 17, 2004

NICOLE TURETSKY  
P.O. BOX 970025  
BOCA RATON, FL 33497-0025

SUBJECT: LAMBORGHINI PRODUCTS  
Ref. Number: W04000006735

We have received your document for LAMBORGHINI PRODUCTS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 104A00010757

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lamborghini Products 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:

Nicole Turetsky  
(Name of Person)

Lamborghini Products LLC  
(Firm/Company)

P.O. Box 970025  
(Address)

Boca Raton Florida 33497-0025  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Turetsky at ( 561 ) 271-7468  
(Name of Person) (Area Code & Daytime Telephone Number)

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lamborghini Products LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

21142 Falls Ridge Way

Boca Raton, Florida

33428

**Mailing Address:**

P.O. Box 970025

Boca Raton, Florida

33497-0025

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

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

Nicole Turetsky

Name

21142 Falls Ridge Way

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

Boca Raton, FLORIDA 33428

City, State, and 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 608, Florida Statutes..*

*Nicole Turetsky*  
Registered Agent's Signature

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**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:**

MGR

Nicole Turetsky

21142 Falls Ridge Way

Boca Raton, Florida 33428

\_\_\_\_\_

\_\_\_\_\_

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(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.)

Nicole Turetsky

Typed or printed name of signee

**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)**

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