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(Re	questor's Name)	
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277 LICK OF CORPORATIONS
AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	in in
SUBJECT: Thomas Spataro, LLC (Name of Limited Liability Company)	MAR 30 M S. L. O. O. S. C. C. C. C. C. O. S. C. C. C. C. O. S. C.
The enclosed Articles of Organization and fee(s) are submitted for filing.	Children of
Please return all correspondence concerning this matter to the following:	ORIONS.
Thomas Spataco (Name of Person)	
(Firm/Company)	_
11848 103rd 5t,	
(Address) LAGO, FL 33773 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Person) at (727) 742-3785 (Area Code & Daysime 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORG FOR FLORIDA LIMITED LIAB		ANY	ON THE STATE OF TH
ARTICLE I - Name: The name of the Limited Liability Company is:			* S. C. M. O. S.
Thomas Spataro, LC			ORIONS
ARTICLE II - Address: The mailing address and street address of the princip	al office of the I	Limited Liabil	ity Company is:
Principal Office Address:	Mailing Ad	ldress:	
11848 103rd st			
LATESO, FC 33773			
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist Thomas Spatage Name 11848 10350 57	ered agent are:	ed Agent's Sig	gnature:
Florida street address (P.O. Box			
LAGO City, State, and Zi	FLORIDA	3773	

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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	9 humas Spatard 11848 103 to 3+ Largo, FL 33773
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or an	anthorized representative of a member.
(In accordance with section 60s of this document constitutes an that the facts stated herein are t	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)
Thomas 500 Typed or p	rinted 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)