

L05000101818

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Office Use Only

2826  
W05-45840



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11/03/05--01045--015 \*\*125.00

2005 OCT 14 AM 9:43  
ALLIANCE STATE  
FLORIDA

10/17/05

**COVER LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2005 OCT 14 AM 9:43

**SUBJECT:** Success Enterprises, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Please return all correspondence concerning this matter to the following:

Arthur Lungi

(Name of Person)

Success Enterprises, LLC

(Firm/Company)

199 Fairmont Way

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Lungi

(Name of Person)

at ( 954 ) 494-9685

(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED  
2005 OCT 14 AM 9:43  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

October 5, 2005

ARTHUR LUNGI  
199 FAIRMONT WAY  
WESTON, FL 33326

SUBJECT: SUCCESS ENTERPRISES, LLC  
Ref. Number: W05000045840

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return the original and one copy of 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 705A00060420

EFFECTIVE DATE  
10/10/05

FILED  
2005 OCT 14 AM 9:43  
TALLAHASSEE STATE  
COMMISSIONER OF REVENUE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Success Enterprises, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

Arthur Lungi

199 Fairmont Way, Weston, FL 33326

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

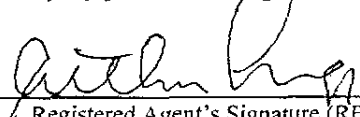
The name and the Florida street address of the registered agent are:

Arthur Lungi  
Name

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

Weston FL 33326  
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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

FILED

2005 OCT 14 AM 9:43

DEPT OF STATE  
TALLAHASSEE FLORIDA

**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

Arthur Lungi

199 Fairmont Way, Weston, FL 33326

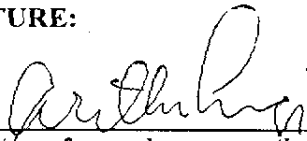
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 10, 2005 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ARTHUR LUNGI

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)