L06000045293

FILED

Florida Department of State

Division of Corporations
Public Access System

2006 MAY -1 A 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000121189 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RECEIVED
06 MAY -1 PM 1:35
DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DE AZEVEDO FAMILY LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$160.00

AL

Electronic Filing Menu Corporate Filing Menu Help

FILED
2006 MAY -1 A 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DE AZEVEDO FAMILY LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
2629 West Gulf Drive, #3A	2629 West Gulf Drive, #3A
Sanibel, FL 33957	Sanibel, FL 33957

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

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

LIDIA T. DE AZEVEDO
Name

2629 West Gulf Drive, #3A
Florida street address (P.O. Box NOT acceptable)

Sanibel, FL 33957
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.

Lidia T. de Azevedo
Registered Agent's Signature

(CONTINUED)

FILED
2006 MAY -1 A 11:03
SECRETARY 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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	Lidia T. DeAzevedo, Managing Member 2629 West Gulf Drive, #3A Sanibel, FL 33957
"MGRM"	Joao Paulo DeAzevedo, Managing Member 2629 West Gulf Drive, #3A Sanibel, FL 33957
"MGRM"	Andrea M. DeAzevedo 1998 Trust, Managing Member % Lidia T. DeAzevedo, Co-Trustee 2629 West Gulf Drive, #3A Sanibel, FL 33957
"MGRM"	Jonathan P. DeAzevedo, Managing Member % Lidia T. DeAzevedo, Co-Trustee 2629 West Gulf Drive, #3A Sanibel, FL 33957

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lidia T. deAzevedo
Signature of a member or an authorized representative of a member.

(In accordance with section 608.4085(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lidia T. DeAzevedo
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)