

L09000029504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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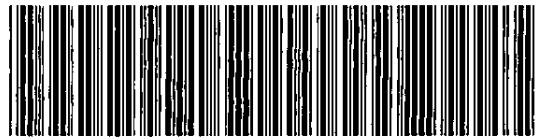
(Business Entity Name)

(Document Number)

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03/25/09--01035--001 \*\*125.00

Effective Date 03/24/09

FILED  
09 MAR 25 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 26 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 5110 Northridge, 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:

Andre Charbonneau, Esq.  
(Name of Person)  
Icard, Merrill, et al  
(Firm/Company)  
2033 Main Street Ste 600  
(Address)  
Sarasota, FL 34237  
(City/State and Zip Code)

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**09 MAR 25 AM 11:08**  
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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Andre Charbonneau, Esq. at ( 941 ) 366-8100  
(Name of Person) (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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

5110 Northridge, LLC.

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

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**ARTICLE II - Address:**

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

**Principal Office Address:**

3663 Lee Rd #363  
Jefferson Valley, NY 10535

**Mailing Address:**

3663 Lee Rd #363  
Jefferson Valley, NY 10535

**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.)

**Effective Date** 03/24/09

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

Icard, Merrill et al  
Andre Charbonneau, Esq.

Name

2033 Main Street Ste 600

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

Sarasota FL 34237

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)  
Andre Charbonneau

(CONTINUED)

**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  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Robert J. Sateriale  
\_\_\_\_\_  
3663 Lee Rd #363  
\_\_\_\_\_  
Jefferson Valley, NY 10535  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_


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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/24/09. (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.)

**André K.R. Charbonneau** as *Authorized Representative*

\_\_\_\_\_  
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)