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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) ORACIDID HONE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	stration Se sion of Cor					
SUBJECT:	DOM	IENICO, LLC				
•		(Name of Limite	ed Liability Comp.	any)		
The enclosed	Articles of	Organization and fee(s) are s	submitted for filin	ę.		
Please return	all correspo	ndence concerning this matt	er to the following	<u>u</u>		
DO	MENIC	OIDDA'D				
		J	(Name of Person)			7 25
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			(Firm/Company)			AH .
555	15TH	STREET STE 30I	E			ASS -4
			(Address)			Fig. 7
МΙΔ	MI, FL	33132				PH 2: 02
IAIIV	MVII, I L		y/State and Zip Cod	e)		- 골목 2
						<i>"</i>
For further in	formation c	oncerning this matter, please	e call:			
DOME	NICO E	'ADDIO	at (561	427-31	66	
	(Name (of Person)		le & Daytime To	elephone Number)	·
Enclosed is a	a check for	the following amount:				
□\$125.00 Fil	ing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160,00 Fili Certificate of Certified Co (additional co	of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Registrat Division Clifton I 2661 Ex	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	FICL	E I	- N	ame:
The	name	οf	the	Limit

The name of the Limited Liability Company is:

DOMENICO, LLC	
(Must end with the words "Limited Liability Company, "L.	L.C.," or "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:	LARE TAN
555 15TH STREET STE 30E	555 15TH STREET STE 30E	ASS.
MIAMI, FL 33132	MIAMI, FL 33132	<u></u>
		55 ?
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent'	
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an indi-	
business entity with an active Florida registration	.)	

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

DOMENICO D'ADDIO Name

555 15TH STREET STE 30E

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

MIAMI, FL 33132 FL 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. Thereby 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 (RFOLURE)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

GRM	DOMENICO D'ADDIO	
	555 15TH STREET STE 30E	
	MIAMI, FL 33132	
<u>, </u>		
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		<u>m</u> -<
	10.00	

ARTICLE V: Effective date, if other than the date of filing: 05/01/09. (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.)

DOMENICO D'ADDIO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)