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SECRETARY OF STATE ALLAHASCERAFLORIBA

### COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Pittsford redevelopme	nt LLC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
David Hoffman	
	Name of Person
Pittsford redevelopment L	LC .
	Firm/Company
1011 se 40th street	
- 10 - Miles	Address
Cape Coral, Florida, 33904	
Cit	ly/State and Zip Code
thedrywallcompany@yahoo.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
David Hoffman	at ( 585 ) 7342466
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\eq}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sq}}	\$155.00 Filing Fee & \$160.00 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

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The name of the Limited Liability Company is:

# Pittsford redevelopment 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:		
1011 SE 40th street	1011 SE 40th street		
Cape Coral, Florida, 33904	Cape Coral, Florida, 33904		

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

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

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

Marlene Connor Jacks and Name

1011 SE 40th street

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

Cape Coral, FL 33904

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)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	David Hoffman
mgr	1011 SE 40th street
	Cape Coral, FL, 33904
<del></del>	
(Use attachment if necessary)	
(Sob actaenment in necessary)	
LE V: Effective date if other than	the date of filing: (OPTIONAL)
fective date is listed, the date mus	st be specific and cannot be more than five business days
days after the date of filing.)	st be specific and cannot be more than 11, o suchioss and
anys areer the date of image,	
REQUIRED SIGNATURE:	•
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JA A	to one
Signature of a me	mber or an authorized representative of a member.
(In apportance with costion	608 408(3) Florida Statutes the execution of this document
	608.408(3), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true.

David Hoffman

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)