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JUL - 6 2011
EXAMINER

NII JUL -5 AM \$ 25 SECRETARY OF STATE NI AHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	•			
SUBJECT: SVA LLC.				
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submi	itted for filing.			
Please return all correspondence concerning this matter to	the following:			
Glenn A. Va	nas			
Name	e of Person			
SVA LLC.				
Firm/Company				
249 Leonia Avenue				
A	ddress			
Bogota, NJ 07603				
City/State and Zip Code				
gvanas@va E-mail address: (to be used for futu	nasconstruction.com ure annual report notification)			
For further information concerning this matter, please call:				
	201 ) 883-1944			
Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:				
Certificate of Status	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed)  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

		arr com an
ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
SVA LLC.		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
249 Leonia Avenue Bogota, NJ 07603	249 Leonia Avenue Bogota, NJ 07603	
		<del></del>
<del> </del>	reet address (P.O. Box NOT acceptable)	
Lady La	· ·	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl accept the obligations of my position a	ed in this certificate, I hereby accept t apacity. I further agree to comply wit lete performance of my duties, and I a	he appointment as h the provisions of all m familiar with and
Registered Agent's	Signature (REQUIRED)	TALLAHA TALLAHA TALLAHA
(COI	NTINUED)	SS(3) -5

Page 1 of 2

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## 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	
Managing Member	Glenn A. Vanas
	249 Leonia Avenue
	Bogota, NJ 07603
•	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.)

Glenn A. Vanas
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)

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