L12000054374

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 04/16/12



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APR 2 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shark Tooth Treasures L.L.C., Co. 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:	
Michael Nastasio Name of Person	
· · · · · · · · · · · · · · · · · · ·	
Shark Tooth Treasures Firm/Company	
3876 Woodmere Park Blud # 11	
· · · · · · · · · · · · · · · · · · ·	
Venice FL, 34293 City/State and Zip Code	
Mikeuzaga @ Gamil com	7 13
E-mail address: (to be used for future annual report notification)	THE STATE OF
For further information concerning this matter, please call:	i I
Michael Nastasia at (816) 286-6234 Name of Person Area Code & Daytime Telephone Number	C
The contract of the contract o	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taltahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Shark Tooth Treasures (Must end with the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3876 Woodmere Park Blud #11 Venice FL, 34293	3876 Woodmere Park Blud#11 Venice FL, 34293
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another.
The name and the Florida street address of the r	registered agent are:
Michael Nasto	
3876 Woodmere Park Florida street add	
Venice City, Sta	FL 34293 atc, and Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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

EFFECTIVE DATE 04/16/12

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Michael Nastasio 3876 Woodmere Park Blud # 11 Venice FL 34293
MGRM	Jommy Lanfranca 3876 Woodmer Park Blud # 11 Venice FL 34293
(Use attachment if necessary)	
I k V. Ettective date it other than t	the date of filing: <u>April 16,2012</u> . (OPTIONAL
ffective date is listed, the date must	t be specific and cannot be more than five business days
fective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five business days
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	AELAHASSEE
Tective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ANSSEE AND ASSEE AND ASSEED ASSEED ASSEED ASSEED ASSEED ASSEED.
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section to constitutes an affirmation un I am aware that any false info	ther or an authorized representative of a member

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)