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COVER LETTER

Division of Co			
SUBJECT: AND,	L.L.C.		
3000001.	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Donald J.	Doody, Esq.	Name of Person)	
	herof, Doody, Ezr	ol, P.A.	
	((Firm/Company)	
3099 Eas	st Commercial B		
	–	(Address)	
Fort Lau	derdale, Florida	33308 /State and Zip Code)	
		,	
For further information	concerning this matter, please	call:	
Donald J. Doo	dy, Esq.	at (954) 771-45 (Area Code & Daytime T	00
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
AND, L.L.C.		
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4750 NE 1st Terrace, Oakland Park, FL	4750 NE 1st Terrace, Oakland Park, FL_	
33334	33334	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another	
Anthony Loparo Name		
4750 NE 1st Terrace		
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)	
Oakland Park	FL 33334	
City, State, an	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Anthony Loparo 4750 NE 1st Terrace, Oakland Park, FL 33334
MGRM	Jennifer Loparo 4750 NE 1st Terrace, Oakland Park, FL 33334
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	he date of filing: (Date of filing) . (OPTIONAL) be specific and cannot be more than five business days j
REQUIRED SIGNATURE:	
On thorn I	

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.)

Anthony Loparo

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)

SECHETARY OF STATE