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J. BRYAN

MAY -5 2008

EXAMINER

COVER LETTER

	COVER DETTER	
	TO: Registration Section Division of Corporations	
	SUBJECT: Federico-Stopa Holdings, LLC	
AND THE PROPERTY OF THE PROPER	(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:	
	Mark P. Stopa	
	(Name of Person)	
	(Firm/Company)	
	3417 70th Glen E	AVIR 80
	(Address)	12 SE
The State of	Palmetto, FL 34221	of Sol
	(City/State and Zip Code)	PH RP CH
	For further information concerning this matter, please call:	ORATIONS
	Mark P. Stopa _{at (} 727) 667-4808	
,	(Name of Person) (Area Code & Daytime Telephone Number)	
*	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	is &
· · · · · · · · · · · · · · · · · · ·	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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Federico-Stopa Holdings, LLC (Must end with the words "Limited Liability)	its Commons "LLC" or "LLC")	
(Must end with the words "Limited Liabili	ny Company, L.E.C., or LLC.	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3417 70th Glen E	3417 70th Glen E	
Palmetto, FL 34221	Palmetto, FL 34221	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.) The name and the Florida street address of the registration. Mark P. Stopa	ered Agent. You must designate an individual or another control of the control of	
Name	GRATION	TATI
3417 70th Glen E	······································	T}
	ress (P.O. Box <u>NOT</u> acceptable)	
Palmetto, FL 34221	FL	
City, State, a	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 v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent Signature (REQUIRED)

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

a 10 🔏

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

MGRM	Mark P. Stopa	
-	3417 70th Glen E	
	Palmetto, FL 34221	
MGRM	Adrienne L. Federico	
	3417 70th Glen E	
	Palmetto, FL 34221	
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		08 AN
The transfer of the transfer o		
		
(Use attachment if necessary)		
·		

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.)

Mark P. Stopa

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)