

L 100000064690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

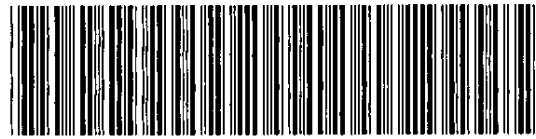
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500182138635

06/21/10--01009--007 \*\*1207.50

CORAPUAC

B. KOHR  
JUN 21 2010  
EXAMINER

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
10 JUN 16 PM 4:56

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY	
_____	
_____	
_____	
_____	

FOR OFFICE USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 16 PM 4:56

## PICK ONE:

\_\_\_\_\_ CERTIFIED COPY \_\_\_\_\_ PHOTOCOPY

## FILING:

\_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_\_ GENERAL PARTNERSHIP

\_\_\_\_\_ FICTITIOUS NAME \_\_\_\_\_ SERVICEMARK/TRADEMARK \_\_\_\_\_ AMENDMENT

\_\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_\_ JUDGMENT LIEN

\_\_\_\_\_ OTHER \_\_\_\_\_

## RETRIEVAL:

\_\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_\_ CERTIFIED COPY \_\_\_\_\_ PHOTOCOPY

Of: \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
SELL FAMILY MANAGEMENT, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

FILED STATE  
SECRETARY OF CORPORATIONS  
10 JUN 16 PM 4:56

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **SELL FAMILY MANAGEMENT, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **11140 Sailbrooke Drive, Riverview, FL 33579**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

**LEO F. SELL, JR.**  
11140 Sailbrooke Drive  
Riverview, FL 33579

**CAROLE M. SELL**  
11140 Sailbrooke Drive  
Riverview, FL 33579

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Members, by: **Leo F. Sell, Jr. and Carole M. Sell.**

Dated this 14<sup>th</sup> day of May, 2010.

  
\_\_\_\_\_  
**Leo F. Sell, Jr.**  
Managing Member

  
\_\_\_\_\_  
**Carole M. Sell**  
Managing Member

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of May, 2010, by Leo F. Sell, Jr. and Carole M. Sell, who have produced Florida Driver Licenses as identification.

  
\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SELL FAMILY MANAGEMENT, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
LASMAN LAW FIRM, P.A.  
6152 Delancey Station Street, Suite 206  
Riverview, Florida 33578**

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.

  
\_\_\_\_\_  
Jeffrey M. Lasman

May 14, 2010  
(Date)