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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 10, 2003

JOSEPH ZICHICHI 5 SLEEPY HOLLOW LANE GUILFORD, CT 06437

SUBJECT: SCORIPO & SCORIPO, LLC

Ref. Number: W03000025822

We have received your document for SCORIPO & SCORIPO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must be listed in article I.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 603A00050260

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|------------------------------------|
| SUBJECT: Scoripo & Scoripo, LLC (di | | <u> </u> |
| (Name of Limit | ted Liability Company) | |
| The enclosed Articles of Organization and fee | e(s) are submitted for filing. | |
| Please return all correspondence concerning t | this matter to the following: | |
| | | |
| Joseph P. Zichichi | | waa -≃ |
| (Name of Person) | | |
| | | |
| | | |
| (Firm/Company) | | |
| | | |
| 5 Sleepy Hollow Lane | | يَيَة هية چار= وريخ محسمار . |
| (Address) | | 4 a |
| Guilford, CT 06437 | | |
| (City/State and Zip Code) | | . 9 8 6 × 2 = |
| · · · · · · · · · · · · · · · · · · · | | |
| For further information concerning this matte | r, please call: | سہ در |
| | | |
| Joseph P. Zichichi | at (203)915-7421 | |
| (Name of Person) | (Area Code & Daytime Telephone Number |) |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations 409 E. Gaines Street | Division of Corporations P.O. Box 6327 | |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scorpio & Scorpio, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal | Office | Address. |
|----------------|--------------|-----------|
| E 4 FILL SIEMS | 1 75 7 75 75 | AUUI CAA. |

Mailing Address:

| Joseph P. Zichichi | |
|----------------------|--|
| 5 Sleepy Hollow Lane | |
| Guilford, CT 06437 | |

Joseph P. Zichichi
5 Sleepy Hollow Lane
Guilford, CT 06437

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

First General Enterprises, Inc.

Name

2455 Sunrise Boulevard Suite 1201

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale.

, 33304

City, State, and Zip

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..

legistered **Aze**nt's Signature

(CONTINUED)

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

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

| <u>Title:</u> | Name and Address: | | | |
|--|---|----------------------|--------------------|--|
| "MGR" = Manager | | | | |
| "MGRM" = Managing Member | | | | |
| MGRM | Joseph P. Zichichi | | | |
| | 5 Sleepy Hollow Lane | | | - |
| • | Guilford, CT 06437 | _ | | |
| | *** | | | |
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| in the second of | | | | |
| . | | | | |
| MGRM | Paul J. Puglisi | | | |
| | 460 Fountain Street | · · | š .1. | |
| | New Haven, CT 06515 | _ | | · |
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| /TT 1 10 | | 4 | 72. | |
| (Use attachment if necessary) | | , | 30 ²⁰ 2 | |
| NOTE: An additional article must be | andded if an affective data is recovered | | C. | |
| 101E. An additional at ticle must be | e added if an effective date is requested. | | | 5 |
| REQUIRED SIGNATURE: | | 77 | ` - | |
| | | رون مان | . | <u>. </u> |
| Q.J.P. | Bel. | ا در اور ا در اور | 0; ? <u>1</u> | |
| Signature of a member | or an authorized representative of a member. | . • | • | |
| (In accordance with sec of this document consti that the facts stated her | tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.) | | | |
| Joseph P. Zichichi | | | | |

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)