

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FRANCIS X. CASTORO, P.A.
Account Number : I20020000153
Phone : (954) 922-0505
Fax Number : (954) 922-4674

Effective Date -
10-11-02

LIMITED LIABILITY COMPANY**MINIACI NOLA, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED
02 OCT 11 AM 11:32
DIVISION OF CORPORATIONS

02 OCT 11 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
MINIACI NOLA, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is: **MINIACI NOLA, LLC**, a Florida Limited Liability Company.

ARTICLE II - ADDRESS

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

**1411 S.W. 31ST AVENUE
POMPANO BEACH, FLORIDA 33069**

ARTICLE III - EFFECTIVE DATE / DURATION

The Effective Date of this filing is: **OCTOBER 11, 2002**. The period of duration for the Limited Liability Company shall be: **PERPETUAL**.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the Members and the name and address of the Members is/are:

**ALBERT J. MINIACI - MANAGING MEMBER
1411 S.W. 31ST AVENUE
POMPANO BEACH, FLORIDA 33069**

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the existing Members to admit additional Members and the terms and conditions of the admissions shall be only upon the express unanimous approval of the existing Members.

ALBERT J. MINIACI

Signature of a Member or authorized representative of a Member.

In accordance with section 608.408(3), Florida Statutes, the execution of this instrument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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**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: **MINIACI NOLA, L.L.C.**
2. The name and address of the Registered Agent and office is:
**FRANCIS X. CASTORO, ESQ.
2100 HOLLYWOOD BOULEVARD
HOLLYWOOD, FLORIDA 33020**

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.

BY: **FRANCIS X. CASTORO**

DATE: **OCTOBER 11, 2002**

Signature of Registered Agent

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TALLAHASSEE, FLORIDA

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