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2003 JUN 25 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUN 30 2003
J BRYAN

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDOLINI-D'AMBROSIO-CALABRIA-DI NAPOLI-DeMatta & Associates
(Name of Limited Liability Company) LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD B. CATTI-MANAGER
(Name of Person)

ANDOLINI-D'AMBROSIO-CALABRIA-DI NAPOLI-DeMatta & Associates, LLC
(Firm/Company)

15701 WARBLER PLACE
(Address)

TAMPA FL 33624-1621
(City/State and Zip Code)

For further information concerning this matter, please call:

R. CATTI - Agent/MGR at (813) 962-4992
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: _____

ANDOLINI-D'AMBROSIO-CALABRIA-Di NAPOLI-Di MATTIA Associate
LLC

ARTICLE II - Address:

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

15701 WARBLER PLACE
TAMPA, FL 33624-1621

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

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

RICHARD CATTI - Agent - Mgr.
Name

15701 WARBLER PLACE
Florida street address (P.O. Box NOT acceptable)

TAMPA, FL FL 33624-1621
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

R. Catti
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Richard Catti
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.)

Richard Catti
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)