

L03000031951

(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:

Name
Availability

Document
Examiner

DCC

Updater

Office Use Only

Updater
Verifier

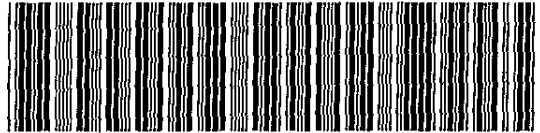
DCC

no acknowledgement

DCC

W. P. Verifier

DCC



300022348693

08/22/03--01037--013 **160.00

FILED

03 AUG 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALDROSTAR USA, LLC
(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:

MICHAEL CAMILLERI

(Name of Person)

ALDROSTAR USA, LLC

(Firm/Company)

108 VIA CAPRI

(Address)

PALM BEACH GARDENS, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL CAMILLERI

(Name of Person)

at (561) 241-9974

(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

FILED
03 AUG 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALDROSTAR USA, LLC

ARTICLE II - Address:

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

Principal Office Address:

108 VIA CAPRI

PALM BEACH GARDENS, FL 33418

Mailing Address:

108 VIA CAPRI

PALM BEACH GARDENS, FL 33418

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

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

MICHAEL CAMILLERI

Name

2101 CORPORATE BLVD., SUITE 415

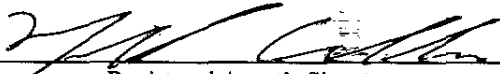
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33431

City, State, and Zip

FILED
03 AUG 22 AM 8:00
SECRETARY OF STATE
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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MICHAEL CAMILLERI

108 VIA CAPRI

PALM BEACH GARDENS, FL 33418

MGRM

JOHN VALKO

108 VIA CAPRI

PALM BEACH GARDENS, FL 33418

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

MICHAEL CAMILLERI

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)

FILED
03 AUG 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA