

L03000032585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

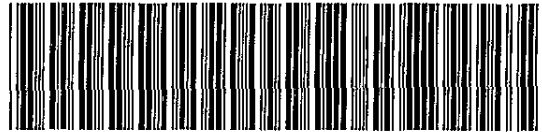
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*8/29
MST*



400022520434

08/27/03--01033--017 **160.00

FILED
FALLAIASSEE, FLORIDA

03 AUG 27 PM 12:13

FILED

FILED

03 AUG 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 22, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Application for Limited Liability Corporation

Gentlemen:

Enclosed please find an application for a limited liability corporation together with a check in the amount of \$160.00 covering your fees.

Please provide us with your letter of acknowledgement as soon as possible. If you require any further information, please give me a call.

Thank you.

Sincerely,



Francesco Lambiase

(718) 813-5124

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F & N LAMBIASE, L.L.C.
(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:

FRANCESCO LAMBIASE
(Name of Person)

N/A
(Firm/Company)

BLDG. 9
1525 SW 111 AVE. APT. 107
(Address)

PEMBROKE PINES FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLA LAMBIASE at (718) 813-5124
(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

03 AUG 27 PM 12:13
FILED
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F & N LAMBIASE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6108 JOHNSON ST.
HOLLYWOOD FL 33024

Mailing Address:

1525 SW 111 AVE
BLDG. 9 - APT. 107
PEMBROKE PINES FL 33025

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

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

FRANCESCO LAMBIASE
Name
1525 SW 111 AVE.
BLDG. 9 - APT. 107
Florida street address (P.O. Box **NOT** acceptable)
PEMBROKE PINES FL 33025
City, State, and Zip

FILED
03 AUG 27 PM 12:13
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..

Francesco Lambiase
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:

MGR

FRANCESCO LAMBIASE
1525 SW 111 AVE. BLDG 9-APT. 107
PEMBROKE PINES FL 33025

MGRM

NICOLA LAMBIASE
1525 SW 111 AVE. BLDG. 9-APT. 107
PEMBROKE PINES FL 33025

03 AUG 27 PM 12:13
FILED
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Francesco Lambiase
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.)

FRANCESCO LAMBIASE
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)