

L03000032815

FILED
03 AUG 27 AM 11:36

CLERK OF STATE
TALLAHASSEE, FLORIDA



100022447791

08/27/03--01038--009 **180,00

AL

(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

FILED
03 AUG 27 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Christopher Paoli
1240 South Narcoossee rd.
St. Cloud, FL 34772

I am looking to establish a Limited Liability Corporation in Florida under the subject name "Paoli & Associates LLC". I have enclosed \$160.00 to cover the Filing Fee, Designation of Registered Agent, One Certified Copy, and One Certificate of Status.

Any questions please call 407 709 0913

Thank you
Christopher Paoli

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 AUG 27 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Paoli and Associates 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:

Christopher John Paoli
(Name of Person)

Christopher Paoli Construction
(Firm/Company)

1240 S. Narcoossee Rd.
(Address)

St. Cloud, FL 34772
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Paoli at (407) 769 0913
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
03 AUG 27 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paoli and Associates LLC

ARTICLE II - Address:

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

Principal Office Address:

1240 S. Narcoossee Rd.
1240 S. Narcoossee Rd.

Mailing Address:

1240 S. Narcoossee Rd.
St Cloud FL 34772

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

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

Christopher John Paoli
Name
1240 S. Narcoossee
Florida street address (P.O. Box **NOT** acceptable)
St. Cloud FL 34772
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..

Christopher John Paoli
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

MGR

Name and Address:

Julie Fowler-Paoli
1240 S. ~~Go~~ Narcoossee Rd.
St. Cloud, FL 34772

FILED

03 AUG 27 AM 11:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Julie Fowler Paoli.

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.)

Julie Fowler-Paoli

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)