

L03 0000 38941

(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



400023391474

10/06/03--01059--020 **125.00

SLU...
TALLAHASSEE, FLORIDA

03 OCT -6 AM 9:41

FILED

10/13/03
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAL MO, 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:

SALVATORE MOGAVERO

(Name of Person)

(Firm/Company)

3900 GALT OCEAN DRIVE, # 1612

(Address)

FT. LAUDERDALE, FL. 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

SALVATORE MOGAVERO

(Name of Person)

at (954) 937-3733

(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 OCT - 6 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SAL MO, 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:

3900 GALT OCEAN DRIVE, # 1612
FT. LAUDERDALE, FL. 33308

Mailing Address:

3900 GALT OCEAN DRIVE, # 1612
FT. LAUDERDALE, FL. 33308

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

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

SALVATORE MOGAVERO

Name

3900 GALT OCEAN DRIVE, # 1612

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

FT. LAUDERDALE FL 33308

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..


Registered Agent's Signature

(CONTINUED)

FILED
03 OCT -6 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ALFRED MOGAVERO

3900 GALT OCEAN DRIVE, # 1612

FT. LAUDERDALE, FL. 33308

SALVATORE MOGAVERO

(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.)

SALVATORE MOGAVERO

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)

03 OCT - 6 AM 9:41

FILED

STATE OF FLORIDA
TALLAHASSEE