

# LD30000040332

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)205-0383

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

## LIMITED LIABILITY COMPANY

### LATONE ENTERPRISES, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
**Latone Enterprises, L.L.C.**

### ARTICLE II - Address:

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

**582 N. Volusia Avenue  
Orange City, Florida 32763**

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

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

**Anthony L. Merenda**

Name

**582 N. Volusia Ave**

Florida street address

**Deltona, Florida 32763**

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 obligation of my position as registered agent as provided for in Chapter 608m F.S.*

  
Registered Agent's Signature

### ARTICLE IV - Management:

(X) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
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 state herein are true.)

**Anthony L. Merenda**

Typed or printed name of the signer

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