

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000331713 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0393

From:

Account Name : ACE INDUSTRIES, INC.

Account Number: 070744001530 Phone: (305)358-2571 Fax Number: (305)373-7718

LIMITED LIABILITY COMPANY

LUIGI O'MALLEY'S LLC

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

Corporate Filings

Public Access Horn

DIVISION OF PORPORATION

AM 7: 54

3-DEC -8 AMIO: 2

Electronic Filing Menu.

RAD

H03-331713

## ARTICLÉS OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: LUIGI O'MALLEY'S, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 55 SE OSCEOLA STREET, SUITE 102

City, State & Zip STUART, FLORIDA 34994

ARTICLE III Registered Agents Name, Office Address, & Registered Agent's Signature:

## GERARD SCALE

Name

55 SE OSCEOLA STREET, SUITE 102

Address (P.O. Box NOT Acceptable)

STUART, FLORIDA 34994

City, State, Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at one powe ussignmen in inis certificate, I nereby 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

Date

Article IV - Management (Check box if applicable.)

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 508,408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

## GERARD SCALF

Typed or printed name of signee

Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571