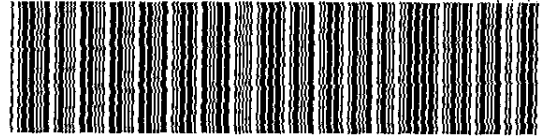


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FLORIDA STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED  
03 DEC 11 PM 1:41  
TALLAHASSEE, FLORIDA

SUBJECT: DIPASQUALE FAMILY 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:

KEVIN M. BURKART  
(Name of Person)

BURKART & COMPANY, P.A.  
(Firm/Company)

100 1ST AVENUE SOUTH, SUITE 105  
(Address)

ST. PETERSBURG, FL. 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN M. BURKART at (727) 896-6269  
(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 DEC 11 PM 1:41  
CLERK OF DISTRICT COURT  
TAMPA, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DIPASQUALE FAMILY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7113 PELICAN ISLAND  
TAMPA, FL. 33634

**Mailing Address:**

7113 PELICAN ISLAND  
TAMPA, FL. 33634

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

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

KEVIN M. BURKART  
Name

100 1ST AVENUE SOUTH, SUITE 105  
Florida street address (P.O. Box NOT acceptable)

ST. PETERSBURG, FLORIDA 33701  
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, Florida Statutes..*

Kevin M. Burkart  
Registered Agent's Signature

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03 DEC 11 PM 1:41

CLERK 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:**

MGRM

THOMAS G. DIPASQUALE  
7113 PELICAN ISLAND  
TAMPA, FL 33634

MGRM

KAREN DIPASQUALE  
7113 PELICAN ISLAND  
TAMPA, FL. 33634

(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.)

KEVIN M. BURKART  
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)