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TALLAHASSEE, FLORIDA



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11

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** JAMES D. D'AREVEDO LLC  
(Name of Limited Liability Company)

04 FEB -2 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES D. D'AREVEDO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

24545 SW 192 AVE  
(Address)

HOMESTEAD, FL 33031  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES D'AREVEDO at (286) 255-2982  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES D. D'AREVEDO 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:

Mailing Address:

24545 SW 192 AVE  
HOMESTEAD, FL  
33031

SAME  
\_\_\_\_\_  
\_\_\_\_\_

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

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

JAMES D. D'AREVEDO  
Name

24545 SW 192 AVE  
Florida street address (P.O. Box NOT acceptable)

HOMESTEAD, FLORIDA 33031  
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..*

James D. D'Arevedo  
Registered Agent's Signature

