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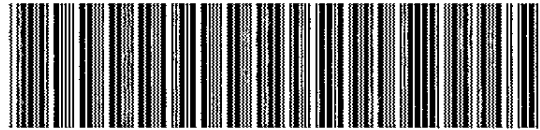
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TALLAHASSEE, FLORIDA

W04-5620

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert E. Landini 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:

Robert E. Landini
(Name of Person)

Robert E. Landini L.L.C.
(Firm/Company)

P.O. Box 351
(Address)

Placida, FL 33946
(City/State and Zip Code)

SECRETARY OF STATE
TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

Robert E. Landini at (941) 475-3182
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 10, 2004

ROBERT E. LANDINI
PO BOX 351
PLACIDA, FL 33946

SUBJECT: ROBERT E. LANDINI LLC
Ref. Number: W04000005620

04 FEB 27 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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We have received your document for ROBERT E. LANDINI LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

There is a balance due of \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 304A00009058

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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04 FEB 27 PM 2:19
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert E. Lawdini 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:

11367 Poplar Ave Apt B
Englewood, FL 34224

Mailing Address:

P.O. Box 351
Placida FL 33946

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

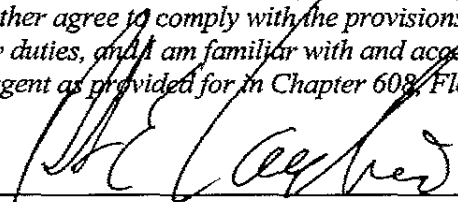
The name and the Florida street address of the registered agent are:

Robert E. Lawdini
Name

11367 Poplar Ave Apt B
Florida street address (P.O. Box **NOT** acceptable)

Englewood FLORIDA 34224
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..


Registered Agent's Signature

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

MGR.

Name and Address:

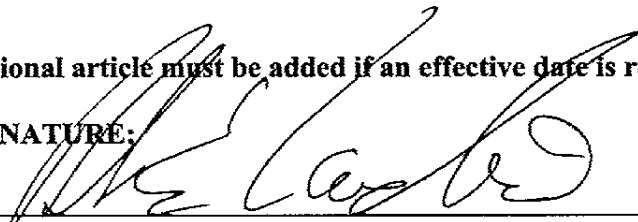
Robert E. Landini
P.O. Box 351
Placid, FL 33946

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TALLAHASSEE, FLORIDA

(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.)

Robert E. Landini

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)