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LAW OFFICES  
HARBSMEIER, DEZAYAS, APPEL & HARDEN, LLP

2888 MAHAN DRIVE  
SUITE 7  
TALLAHASSEE, FLORIDA 32308

TELEPHONE: (850) 205-6340  
FAX: (850) 205-6342  
WEBSITE: WWW.HDALAW.COM

March 10, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

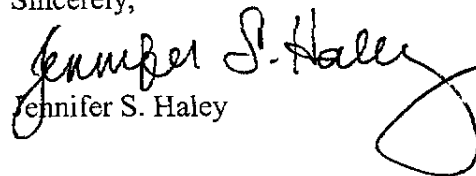
RE: Articles of Organization for LLC  
John A. D'Agostino, LLC

Dear Sir/Madame:

Enclosed please find the Articles of Organization and filing fees submitted for filing. I have enclosed the \$100.00 filing fee, \$25.00 for designation of Registered Agent, and \$5.00 for a Certificate of Status.

Thank you for your assistance with this matter. Please contact me should you need any further information.

Sincerely,

  
Jennifer S. Haley

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enclosures  
cc: John A. D'Agostino

ADDITIONAL OFFICES.

THE INTERNATIONAL BUILDING • 2455 EAST SUNRISE BOULEVARD • SUITE 511 • FT. LAUDERDALE, FLORIDA 33304 • (PHONE (954) 564-8165 • FAX (954) 564-8194  
5116 SOUTH LAKELAND DRIVE • POST OFFICE BOX 6455 (33807) • LAKELAND, FLORIDA 33813 • PHONE (863) 619-7330 • FAX (863) 619-7303

JOHN A. D'AGOSTINO, LLC

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

ATX1

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOHN A. D'AGOSTINO, LLC**ARTICLE II - Address:**

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

Principal Office Address:JOHN A. D'AGOSTINO, LLC1412 COVEY CIRCLE SLAKELAND, FL 33809-5600Mailing Address:JOHN A. D'AGOSTINO, LLC1412 COVEY CIRCLE SLAKELAND, FL 33809-5600**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jennifer S. Haley, Esq.  
Name  
2888 Mahan Dr. Ste. 7  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee  
City, State, and Zip  
FLORIDA  
32308

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..

Jennifer S. Haley  
Registered Agent's Signature

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JOHN A. D'AGOSTINO, LLC

**ARTICLE IV- Manager(s) or Managing Member(s):**

ATX1

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

JOHN A. D'AGOSTINO

1412 COVEY CIRCLE S

LAKELAND, FL 33809-5600

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

John A. D'Agostino  
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.)

John A. D'Agostino  
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)

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