

APR-22-2004 11:03

Division of Corporations

CT CORPORATION

P.01

Page 1 of 1

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Florida Department of State  
Division of Corporations  
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## LIMITED LIABILITY COMPANY

Newport Associates, LLC

Certificate of Status	0
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**NEWPORT ASSOCIATES, LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Richard R. DiFrischia, Esq.**

\_\_\_\_\_  
(Name of Person)

**WILLIAMS COULSON**

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

**1500 Two Chatham Center**

\_\_\_\_\_  
(Address)

**Pittsburgh, PA 15219**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Richard R. DiFrischia**

\_\_\_\_\_  
(Name of Person)

at ( 412 ) 454-0245

\_\_\_\_\_  
(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

SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

04 APR 22 AM 9:30

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEWPORT ASSOCIATES, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2911 Pass A Grille WaySt. Petersburg Beach, FL 33706**Mailing Address:**2911 Pass A Grille WaySt. Petersburg Beach, FL33706**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Samuel E. DiCiccoName2911 Pass A Grille WayFlorida street address (P.O. Box NOT acceptable)St. Petersburg Beach 33706FLORIDACity, 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..*

By: Samuel E. DiCicco

Registered Agent's Signature  
Samuel E. DiCicco

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 STATE OF FLORIDA  
 TALLAHASSEE

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**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:**

**MGR**

Samuel E. DiCicco  
2911 Pass A Grille Way  
St. Petersburg, FL 33706

(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 608.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By. Richard R. DiFrischia, Authorized Representative

Typed or printed name of signer

### Filling Feet:

### **\$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)**