PAGE 01

Page 1 of 1

## Florida Department of State

Division of Corporations
Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

04 MAY -7 AM 7: 53

## LIMITED LIABILITY COMPANY

LONGO & LONGO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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J. BRYAN MAY 1 0 2004

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Y	ALL SC		My Control of the Con
ted Liability	Comp	— any is:	
5 Ave., #210		<del></del>	

ARTICLE I - Name: The name of the Limited Liability Company is:			
Longo & Longo, LLC			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
333 North Orange Ave., #210	333 North Orange Ave., #210		
Orlando, FL 32801	Orlando, FL 32801		
AKTICLE III - Registered Agent, Registered The name and the Florida street address of the r			
Paolo Longo, Jr.			
Natire			
333 North Orange Ave., #210 Florida street address (P.C	). Box NOT acceptable)		
Oriando	FLORIDA 32801		
City. State, a	ind Zio		

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 familian fith and accept the obligations of my position as registered agent as provided for in Chapter, 608, Florida Statutes.

Registered Agentle Signature

Page 1 of 2 (CONTINUED)

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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:	Name and Address:
"MGR" = Manager	
"MGRM" - Managing Momber	
MGRM	Paolo Longo, Jr.
	333 North Orange Ave., #210
	Orlando, FL 32801
MGR	Paolo Longo
	333 North Orange Ave., #210
	Orlando, FL 32801
When attractioned if the concepts	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	/ Sthen
Man and a second	( 117)
Signature of a member or an a	uthorized representative of a mamber.
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an a	offirmentical winder the penalties of perjuny

Filing Fees: \$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

Paolo Longo, Jr.

\$ 25,00 Designation of Registered Agent

S 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

TOWN THE SEE THE 13

Typed or printed name of signee