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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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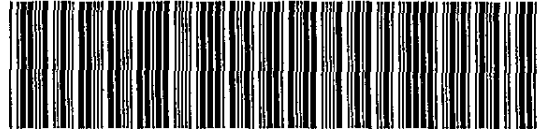
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
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UB
6-11-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LISA CANGEMI, LLC
(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:

LISA CANGEMI
(Name of Person)

LISA CANGEMI, LLC
(Firm/Company)

19213 WIND DANCER ST
(Address)

LUTZ, FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA CANGEMI at 813 926-9337
(Name of Person) (Area Code & Daytime Telephone Number)
813 789-3278 (CELL)

04 JUN -9 PM 12:48
RECEIVED
TALLAHASSEE, FL 32314
AND
FILED

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LISA CANGEMI, LLC

ARTICLE II - Address:

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

Principal Office Address:

LISA CANGEMI, LLC
19213 WIND DANCER ST
LUTZ, FL. 33558

Mailing Address:

LISA CANGEMI, LLC
1921 WIND DANCER ST
LUTZ, FL. 33558

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

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

LISA CANGEMI
Name
19213 WIND DANCER ST.
Florida street address (P.O. Box **NOT** acceptable)
LUTZ, FLORIDA 33558
City, State, and Zip

04 JUL-9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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..

Lisa Cangemi
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

Name and Address:

MGR

LISA CANGEMI
19213 WIND DANGER ST
LOTE, FL 33558

(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.)

Lisa Cangemi
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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SECRETARY OF STATE
TALLAHASSEE, FL 32399
FILED