

L04000049393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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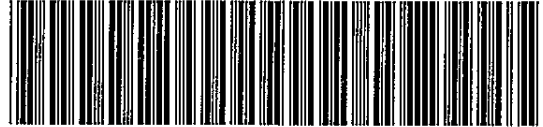
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

FILED
04 JUL - 1 PM 5:23
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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 787390 82497A

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 155.00

ORDER DATE : July 1, 2004

ORDER TIME : 10:45 AM

ORDER NO. : 787390-015

CUSTOMER NO: 82497A

CUSTOMER: Ms. Barbara Gibson
R. Patrick Mirk, P.a.

Suite 100
106 S. Tampania Avenue
Tampa, FL 33609

DOMESTIC FILING

NAME: AMALFI, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

FILED
04 JUL - 1 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMALFI, LLC

ARTICLE II - Address:

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

Principal Office Address:

106 S. Tampania Avenue, Suite 100

Tampa, Florida 33609

Mailing Address:

106 S. Tampania Avenue, Suite 100

Tampa, Florida 33609

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

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

R. Patrick Mirk, Esquire

Name

106 S. Tampania Avenue, Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FLORIDA 33609

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..

R. Patrick Mirk

Registered Agent's Signature

R. PATRICK MIRK, ESQUIRE

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:

MGRM

J. P. Motley

38-11 Ditmars Blvd., #375

Astoria, New York 11105

MGRM

Frank C. Bragano

4725 N. Hesperides Street

Tampa, Florida 33614

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 6/28/04
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.)

Typed or printed name of signer

FRANK C. BRAGANO CO-MANAGING MEMBER

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)