## a Department **Division of Corporations**

Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000139573 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phon**e** 

: (305)634-3694

Fax Number

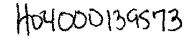
: (305)633-9696

## ELIMITED LIABILITY COMPANY

joseph s. mastandrea, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Manu.



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company in  Joseph S. Mastandrau, L	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13616 Sw 101 Lane	Same
Minn: FL 33186	
	registered agent are:
rictiga sirce; augicys (r.)	O. HOX NOT acceptable)
Mikni	FLORIDA 33/+3
City, Nate,	and Zip
any at the place designated in this certificate. There is act in this capacity. I further agree to comply wit	rsice of process for the above stated limited liability  eby accept the appointment as registered agent and  th the provisions of all statutes relating to the proper  or with and accept the abligations of my position as  Chapter 608, Florida Statutes
had the second of the second o	* Signature
Ragistoted Ngith!	·
Page 1 of 2 (CONTINU	
110	04000139573

K10000139573

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 Member MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (in accordance with section 60% 40%(3), Florida Statutes, the execution of this document constitutes an affirmation under the possities of perjury that the facts stated herein are true.) Stephen A. Alger

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

1 38.80 Certified Cupy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signes

HO4000139573