# 104000056971

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| · (Address)                             |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
| WOY - 26694 623 WI                      |  |  |  |

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 13, 2004

DOMINIC ADDARIO 18011 NO. HWY A1A JUPITER, FL 33477

SUBJECT: AZURE CAT LLC Ref. Number: W04000026694

We have received your document for AZURE CAT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

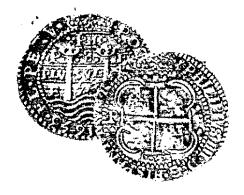
If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

**<** 

Letter Number: 204A00044610

DIVISION OF CORPORATIONS



#### JUPITER COINS

shipwreck treasures

18011 No. Hwy. A1A Jupiter, FL 33477 Office: 561-575-4601 Cell: 561-339-6822 E-mail: info@jupitercoins.com www.jupitercoins.com

July 3, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

We would like to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes for AZURE CAT LLC.

Enclosed is our Articles of Organization and a check for filling fees.

Thank you

Dominic Addario

DIVISION OF CORPORATION

#### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                          |  |  |  |  |
|--|--|--|--|--|
| Division of Corporations   |  |  |  |  |
| SUBJECT: Azure Cat 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:  |  |  |  |  |
|  |  |  |  |  |
| Dominic Addario  |  |  |  |  |
| (Name of Person)   |  |  |  |  |
| A  |  |  |  |  |
| Azzure Cat LLC (Firm/Company)  |  |  |  |  |
| (Finite Company)   |  |  |  |  |
| 18011 No. Hwy A1A  |  |  |  |  |
| (Address)  |  |  |  |  |
|  |  |  |  |  |
| Jupiter FL 33477   |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
|  |  |  |  |  |
| For further information concerning this matter, please call:               |  |  |  |  |
|  |  |  |  |  |
| Dominic Addario  |  |  |  |  |
| (Name of Person) (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

## ARTICLES OF ORGANIZATION . FOR FLORIDA LIMITED LIABILITY COMPANY

| Azure Cat LLC  |  |  |
|--|--|--|
| ARTICLE II - A   |  |  |
| The mailing addre  | ess and street address of the p  | orincipal office of the Limited Liability Compa  |
| Principal Office   | Address:   | Mailing Address:   |
| 18011 No. Hwy. A1A   |  | 18011 No. Hwy. A1A   |
| Jupiter, FL 33477  |  | Jupiter, FL 33477  |
|  |  |  |
| -  | ** · · · · · ·   |  |
|  |  |  |
| ARTICLE III - I  | Registered Agent, Registere  | d Office, & Registered Agent's Signature:  |
| The name and the   |  |  |
|  | Florida street address of the  |  |
| •  | Florida street address of the  |  |
|  | •  |  |
|  | Dominic Addario  | registered agent are:  |
|  | •  | registered agent are:  |
|  | Dominic Addario Name   | registered agent are:  |
|  | Dominic Addario Name   | registered agent are:  |
|  | Dominic Addario Name   | registered agent are:  e  O. Box NOT acceptable)   |
|  | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  | registered agent are:  e  O. Box NOT acceptable)  FLORIDA  |
|  | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State,   | registered agent are:  e  O. Box NOT acceptable)  FLORIDA and Zip  |
| been named as reg  | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State,   | registered agent are:  O. Box NOT acceptable)  FLORIDA and Zip  revice of process for the above stated limited light   |
| been named as reg<br>ny at the place desig   | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State, eistered agent and to accept se gnated in this certificate, I here                                | O. Box NOT acceptable)  FLORIDA and Zip  ervice of process for the above stated limited lighted accept the appointment as registered agent   |
| been named as reg<br>ny at the place desig<br>act in this capacity                       | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State, eistered agent and to accept se gnated in this certificate, I here.  I further agree to comply wi | registered agent are:  O. Box NOT acceptable)  FLORIDA and Zip  revice of process for the above stated limited lighter accept the appointment as registered agent the provisions of all statutes relating to the provisions are all the provisions of all statutes relating to the provisions all the prov |
| been named as reg<br>ny at the place desig<br>act in this capacity<br>nplete performance | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State, eistered agent and to accept se gnated in this certificate, I here of my duties, and I am familia | registered agent are:  O. Box NOT acceptable)  FLORIDA  and Zip  revice of process for the above stated limited light reby accept the appointment as registered agent with the provisions of all statutes relating to the par with and accept the obligations of my positions of my positions.   |
| been named as reg<br>ny at the place desig<br>act in this capacity<br>nplete performance | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State, eistered agent and to accept se gnated in this certificate, I here of my duties, and I am familia | registered agent are:  O. Box NOT acceptable)  FLORIDA and Zip  revice of process for the above stated limited light above accept the appointment as registered agent that the provisions of all statutes relating to the par with and accept the obligations of my position Chapter 608, Florida Statutes.  |
| been named as reg<br>ny at the place desig<br>act in this capacity<br>nplete performance | Dominic Addario  Name  18011 No. Hwy. A1A  Florida street address (P.  Jupiter, FL 33477  City, State, eistered agent and to accept se gnated in this certificate, I here of my duties, and I am familia | registered agent are:  O. Box NOT acceptable)  FLORIDA  and Zip  revice of process for the above stated limited light reby accept the appointment as registered agent with the provisions of all statutes relating to the par with and accept the obligations of my positions of my positions.   |

Page 1 of 2 (CONTINUED)

### 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 |   |
| MGR                                      | Dominic Addario                         |
|  | 18011 No. Hwy. A1A<br>Jupiter, FL 33477 |
|  |   |
|  |   |
|  |   |
| <del></del>                              |   |
|  |   |
| <del></del>                              |   |
| (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.)

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)