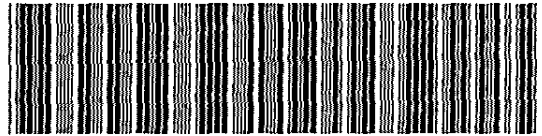


L04000061506

Frank Fromalk
2132 NE 36th St
Light House Pt, FL, 33064



300037369383

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

06/01/04--01072--018 **125.00

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TALLAHASSEE, FL

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W. P. Verifier DCC

Complete application



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 7, 2004

FRANK R. FROMELLA
2132 NE 36TH ST
LIGHTHOUSE POINT, FL 33064

SUBJECT: FRANK R. FROMELLA
Ref. Number: W04000021836

We have received your document for FRANK R. FROMELLA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received the second page of the application. We did not receive the page with the name of the limited liability company and address and so forth. Please complete the attached application in its entirety.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 704A00038625



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2004

FIAMELLA INSPECTORS
2132 NE 36TH ST
LIGHTHOUSE POINT, FL 33064

We have received your document for FIAMELLA INSPECTORS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 504A00048804

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fiamella Inspectors L.L.C

ARTICLE II - Address:

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

Principal Office Address:

2132 NE 36 APT 73
Light House Pt
FL 33064

Mailing Address:

2132 NE 36 APT 73
Light House Pt
FL 33064

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

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

Frank Fiorio
Name

2132 NE 36 APT 73
Florida street address (P.O. Box **NOT** acceptable)

Light House Pt FLORIDA 33064
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..

Frank Fiorio
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:

None

None

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

Frank R. Farnelle
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)

2132.

□□□□ 2206 ne 36th st apt 23
street address (P.O. Box **NOT** acceptable)

□□□□ light house pt FL 33064□□□□
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, F.S.

Frank Fiamele
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Frank Fiamele
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.)

□□□□ *Frank Fiamele*
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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2132

□□□□ 2200 de 36th st apt # 23
street address (P.O. Box NOT acceptable)

□□□□ light house pt FL 33064□□□□
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, F.S.

Frank Fiamella

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Frank Fiamella

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.)

□□□□ *Frank Fiamella*

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)

SECRETARY OF
TALLAHASSEE

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