

L040W063221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

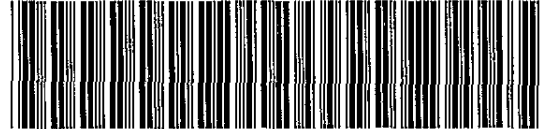
(Business Entity Name)

(Document Number)

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04 AUG 25 AM 10:27  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Frank LaCicero, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in      ☒ Pick up time 8/25/04      ☐ Certified Copy
- ☐ Mail Out      ☐ Will wait      ☒ <sup>STPD.</sup> Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**FRANK LoCICERO, LLC**

**ARTICLE II – Address:**

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

Principal Office Address:

2118 Cordelia Ave.  
Tampa, Florida 33607

Mailing Address:

Same

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Walter S. Sanders  
3355 West Bearss Ave.  
Tampa, Florida 33618

*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.*

  
\_\_\_\_\_  
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:**

**Name and Address:**

Manager

Frank LoCicero  
2118 Cordelia Ave.  
Tampa, Florida 33607

**Signature Required:**

*Frank LoCicero*  
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 LoCicero*  
Printed Name of Signee