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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERĮDIAN STREET, LOWER LEVEL TĄLLAHASSEE, FL 32301 222-1173

CINDY

8-30-04

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

Examiner's Initials

DATE:

REF. #:	001260.2955	<u>4</u>	
CORP. NAME:	Cristian C	albesi, LLC	
		() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK	
() FOREIGN QUALIFICA () REINSTATEMENT		() LIMITED PARTNERSHIP () MERGER	(XX) LIMITED LIABILITY () WITHDRAWAL
() CERTIFICATE OF CA () OTHER:	NCELLATION		
STATE FEES PRI FILINGS.	EPAID WI	TH CHECK# <u>43429</u> FOR \$ <u>21</u>	,500.00. TO BE APPLIED TO 164
AUTHORIZATIO	N FOR A	CCOUNT IF TO BE DEBITE	ED:
		COST LI	MIT: \$ 78 9
PLEASE RETUR	N:		MIT: \$ O, AUG 30 FILE D (XX) PLAIN STAMPED COPY
() CERTIFIED COPY () CERTIFICATE OF		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY COPY COPY COPY COPY COPY COPY COPY

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
CRISTIAN CALBESI, LLC		

ARTICLE II - Address:

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

FOR

42 SHAKER CIRCLE
SLEY CHAPEL, FL 33543

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

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

CRISTIAN	N CALBESI
<u> </u>	Name
31442 SHA	AKER CIRCLE
Florida	street address (P.O. Box NOT acceptable)
WESLEY	CHAPEL, FL 33543
	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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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RTICLE IV	- Manager(s)	or Managing	Member(s
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Widdw — Wanaging Wellioof	CRISTIAN CALBESI
MGRM	31442 SHAKER CIRCLE
	WESLEY CHAPEL, FL 33543
	
(Use attachment if necessary)	
NOTE: An additional article must be added if an ef	ffective date is requested.
REQUIRED SIGNATURE:	
Golben CF.	
Signature of a member or an authorized repres	entative of a member.
(In accordance with section 608.408(3), F	lorida Statutes, the execution

(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.)

CRISTIAN CALBESI

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)