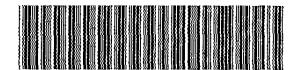
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DIVINION OF CORPORATIONS
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J. BRYAN SEP 22 2000

TRANSMITTAL LETTER

For further information concerning this matter, please call:

ANTHONY R. TRAMONTANO at (239) 281-6797 (cell)
(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

ON THE PARTY OF TH	Mr. 58 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -	KICO 93.13	
		TON S	

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANTHONY R. TRAMONTANO, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
12320 BOATSHELL DR	12320 BOATSHELL DR	
MATLACHA ISLES, FL	MATLACHA ITELES FL	
33991	33991	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ANTHONY R. TRAMONTANO
Name

12320 BOATSHELL DR

Florida street address (P.O. Box NOT acceptable)

MATLACHA ISLES FLORIDA 3399 / 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)

	- 2 2	
\		
ARTICLE IV- Manager(s) or Manager The name and address of each Manager	er or Managing Member is as follows:	•
Title: "MGR" = Manager "MGRM" = Managing Member	iging Member(s): er or Managing Member is as follows: Name and Address:	
MGR	ANDREW A. JENDRUSIAK 3990 SUNSHINE BLYD ST JAMES CITY, FL. 33956	
		
		_
(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	Jumentico	
(In accordance with section 6) of this document constitutes a that the facts stated herein are	08.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.)	

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)

ANTHONY R. TRAMONTANO
Typed or printed name of signee