

L04000069785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

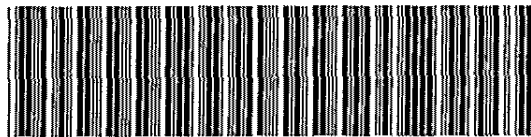
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09/15/04

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2004 SEP 23 PM 2:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 24 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Confidential, 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:

Anthony Pullara  
(Name of Person)

Southern Confidential, LLC  
(Firm/Company)

P. O. Box 4624  
(Address)

Plant City, FL 33563  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Pullara at ( 813 ) 754-6400  
(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles Of Organization For  
Florida Limited Liability Company

FILED  
2004 SEP 23 PM 2:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the Limited Liability Company is:

- Southern Confidential, LLC

ARTICLE II

Address

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

- Mail: P.O. Box 4624  
Plant City, FL 33563
- Street: 4110 Thackery Way  
Plant City, FL 33566

EFFECTIVE DATE  
09/15/04

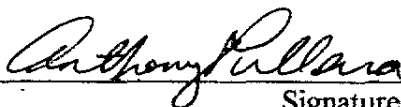
ARTICLE III

Registered Agent

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

- Anthony L. Pullara  
4110 Thackery Way  
Plant City, FL 33566

*Having been named as registered agent and to accept service for 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.*

  
Signature

#### ARTICLE IV

##### Management

The Limited Liability Company is to be managed by a manager. The name and address of the manager is:

- Anthony L. Pullara, MGRM
- Mail:  
P.O. Box 4624  
Plant City, FL 33563
- Street:  
4110 Thackery Way  
Plant City, FL 33566

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#### ARTICLE V

##### Effective Date

The effective date for this Limited Liability Company shall be:

- 09/15/2004

Required Signature:

*Anthony Pullara*

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 penalties of perjury that the facts stated herein are true.)

*Anthony Pullara*

Typed or printed name of signee