

W04000074691

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and it number (shown below) on the top and bottom of all pages of the document.

(((H04000205840 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 14 AM 9:01

FILED

04 OCT 14 PM 3:01

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FRANK FIORE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing

Corporate Filing

Public Access

W04-74691
OK

Oct 14 04 02:28p

Parcorp Services, Ltd.

800-398-0461

p.2

Fax Audit No. (((H04000205840 3)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

FRANK FIORE ENTERPRISES, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRANK FIORE ENTERPRISES, LLC

ARTICLE II - Address:

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

427 NE 107TH STREET, MIAMI, FL 33161

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

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

FRANK FIORE

Name

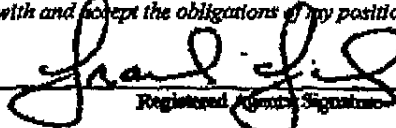
427 NE 107TH STREET

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

MIAMI, FL 33161

City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 608 F.S.


Registered Agent Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.



Signature of a member or 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.)

DAVID L. SURINA

Typed or Printed name of signer

Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

Fax Audit No. (((H04000205840 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 14 PM 9:07

FILED