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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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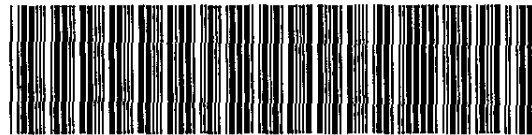
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT CALISTRI 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:

ROBERT CALISTRI
(Name of Person)

ROBERT CALISTRI LLC
(Firm/Company)

200 4th AVE, SOUTH # 411
(Address)

ST PETERSBURG FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CALISTRI at (727) 643-5007
(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

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-25-09 BY 60322 UCBAW

2009 07 25 P 2 09

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT CALISTRI LLC

ARTICLE II - Address:

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

Principal Office Address:

200 4th AVE S, #411
ST PETE FL 33701

Mailing Address:

200 4th AVE S # 411
ST. PETE, FL 33701

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

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

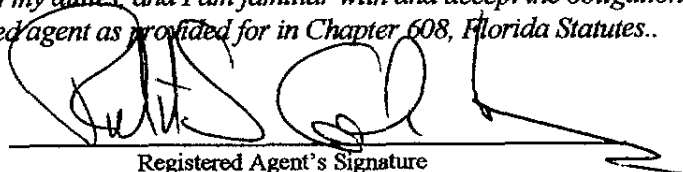
ROBERT CALISTRI
Name

200 4th AVE SOUTH #411
Florida street address (P.O. Box **NOT** acceptable)

ST. PETE FLORIDA 33701
City, State, and Zip

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TALLAHASSEE, FL

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CLORINDA CALISTRI
200 4th AVE, S, #411
ST PETER FL 33701

MGR

ROBERT CALISTRI
200 4th AVE S #411
ST PETER FL 33701

(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 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.)

ROBERT CALISTRI
Typed or printed name of signee

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TALLAHASSEE
JAN 25 P 2:09

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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)