

L04000081395

(Requestor's Name)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2004

MARIA T. OLIVERO
5405 PARK ST. N.
ST. PETERSBURG, FL 33709

SUBJECT: SALO ENTERPRISES
Ref. Number: W04000038374

We have received your document for SALO ENTERPRISES and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a fee of \$25.00 due.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 004A00059902

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salo ENTERPRISES
(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:

MARIA T. OLIVERO
(Name of Person)

Allergy + Asthma Centre
(Firm/Company)

5405 PARK ST. N
(Address)

ST Petersburg FL 33709
(City/State and Zip Code)

For further information concerning this matter, please call:

Jossie Rodriguez at (927) 544-1827
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salo ENTERPRISES L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4401 4TH ST NORTH
ST PETERSBURG FL 33703

Mailing Address:

5405 Park St N
ST PETERSBURG FL 33709

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

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

MARIA T. OLIVERO
Name
4206 S. LYNN RD
Florida street address (P.O. Box NOT acceptable)
TAMPA FL FLORIDA
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..

Maria T. Olivero

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

MGRM

Name and Address:

MARIA T. OLIVERO
5405 PARK ST NORTH
ST PETERSBURG FL 33709

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Maria T. Olivero

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.)

MARIA T. OLIVERO

Typed or printed name of signer

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)