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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

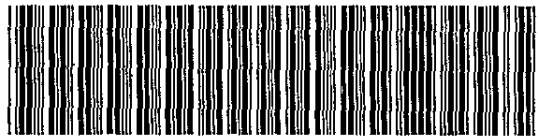
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 DEC 14 PM 3:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 22 2004

MICHAEL R. FERRARO

CERTIFIED PUBLIC ACCOUNTANT

278 ROUTE 34  
MATAWAN, NJ 07747

MICHAEL R. FERRARO  
MEMBER OF AICPA, NJSCPA

(732) 583-6500  
FAX (732) 583-0559  
mrfcpa@optonline.net

December 13, 2004

Registration Section  
Division of Corporations  
PO Box 6237  
Tallahassee, FL 32314

Re: Andrisano Express Registration

Dear Sir or Madam:

I am submitting the Articles of Organization for Thomas Andrisano to be a Limited Liability Corporation in the State of Florida.

A check for \$160 is enclosed, please process this as soon as possible.

If there are any questions or additional information needed, please contact me.

Yours truly,



Michael R Ferraro CPA

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Andrisano Express 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:

Michael R Ferraro

(Name of Person)

Michael R Ferraro CPA

(Firm/Company)

278 Route 34

(Address)

Matawan, NJ 07747

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Andrisano

(Name of Person)

at ( 973 )

293-8841

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Andrisano Express LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

357 Tampico Drive  
Palmetto, FL 34221

**Mailing Address:**

PO Box 310582  
Tampa, FL 33680

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

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

Thomas Andrisano

Name

357 Tampico Drive

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

Palmetto, FL 34221

FL

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, F.S..*

Thomas Andrisano

Registered Agent's Signature

(CONTINUED)

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COMMISSION OF CORPORATIONS

**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:**

MGRM

Thomas Andrisano

357 Tampico Drive

Palmetto, FL 34221

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TALLAHASSEE, FLORIDA

(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.)

Thomas Andrisano

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**