

W05000005183

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TALLAHASSEE, FLORIDA

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W05-5183
qr

RIDOLFI ENTERPRISES

4324 VIA DEL SANTI
Venice, Florida 34293

Phone 571-334-1585

January 04, 2005

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it May Concern,

Enclosed for your evaluation and consideration is my request to form a Florida Limited Liability Company pursuant to Chapter 608, Florida statutes along with a check in the amount of \$160.

Name: Armand Ridolfi

Address: 4324 VIA DEL SANTI
Venice, Florida 34293

Phone: 571-334-1585.


ARMAND RIDOLFI

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ridolfi Enterprises Limited Liability Company
(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:

Armand Ridolfi
(Name of Person)

Ridolfi Enterprises Limited Liability Company
(Firm/Company)

4324 VIA DEL SANTI
(Address)

Venice, Florida 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

Armand Ridolfi at (571) 334-1585
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ridolfi Enterprises Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

4324 Via Del Santi
Venice, FL 34293

Mailing Address:

4324 Via Del Santi
Venice, FL 34293

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

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

Armand Ridolfi

Name

4324 VIA DEL SANTI

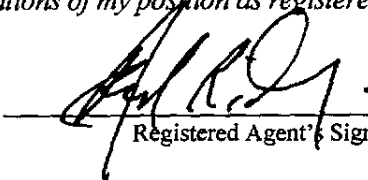
Florida street address (P.O. Box **NOT** acceptable)

Venice, Florida 34293

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..


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Armand Ridolfi

4324 VIA DEL SANTI

VENICE, FL. 34293

MGRM

Mary Ridolfi

4324 VIA DEL SANTI

Venice, Florida 34293

MGRM

Christopher Ridolfi


6112 Grogans Ct

Centreville VA 20121

(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.)

Armand Edward Ridolfi

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)