

L05000011901

JORDAN MASTRONARDI, DCPA  
6010 NORTHWEST 56 CIRCLE  
CORAL SPRINGS, FL. 33067

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

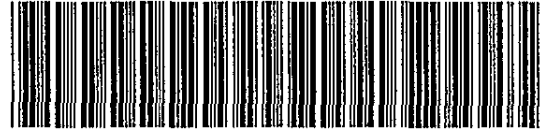
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JORDAN MASTRONARDI, DCPA, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4400 WEST SAMPLE ROAD  
SUITE 114  
COCONUT CREEK, FL. 33073

#### Mailing Address:

4400 WEST SAMPLE ROAD  
SUITE 114  
COCONUT CREEK, FL. 33073

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

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

JORDAN MASTRONARDI

Name


6010 NORTHWEST 56 CIRCLE

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

CORAL SPRINGS, FL. 33067 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

2007 JUN 14 PM 3:39  
STATE  
TALLAHASSEE  
FLORIDA

(CONTINUED)

**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:**

OWNER/ MGR

JORDAN MASTRONARDI

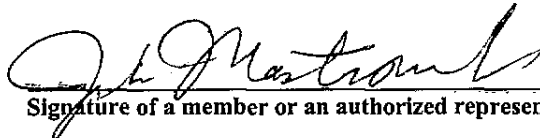
6010 NORTHWEST 56 CIRCLE

CORAL SPRINGS, FL. 33067

(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.)

JORDAN MASTRONARDI

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)**

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