105000012882	
(Requestor's Name) (Address)	000045696950
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	02/08/0501036020 **155.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	05 FEB -8 PH 12: 03 DIVISION OF COMPUTATION
Office Use Only	05 FEB - 8 PH 1:12 Sturies of FURTIER

L

i.

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
Patricia Bonanno, LLC	
gnature $quested by: \underbrace{UC}_{Date} \underbrace{H'.00}_{Time}$ $k \cdot In$ Will Pick Up	Art of Inc. File
Ik-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Patricia Bonanno, Limited Liability Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 219 – 46th Avenue North, St. Petersburg, FL 33703



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