

L050000013335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

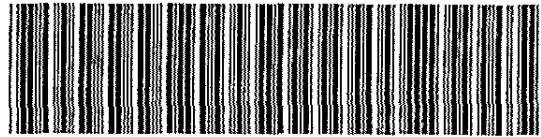
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200045179812

02/03/05--01022--008 **130.00

EFFECTIVE DATE

01/27/05

FILED
2005 FEB -3 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN FEB - 9 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ron Mastrodonato 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:

Ron Mastrodonato
(Name of Person)

(Firm/Company)

2640 Wood Pointe Dr.
(Address)

Holiday, FL 34691
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ron Mastrodonato at (727) 692-5497
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

I have enclosed the appropriate paperwork for registering an LLC. I am also requesting an effective date of 01/27/05.

Thank you,

Ron Mastrodonato
2640 Wood pointe Dr.
Holiday, FL 34691
Cell 727-692-5497

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ron Mastrodonato LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2640 Wood Pointe Dr.
Holiday, FL 34691

Same

EFFECTIVE DATE
01/27/05

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

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

Ron Mastrodonato
Name
2640 Wood Pointe Dr.
Florida street address (P.O. Box **NOT** acceptable)
Holiday, FL 34691
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.

Ron Mastrodonato
Registered Agent's Signature

(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:

MGRM

Ron Mastrodonato
2640 Wood Pointe Dr.
Holiday, FL 34691

_____	_____
_____	_____
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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Ron Mastrodonato

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.)

Ron Mastrodonato

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)