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TRANSMITTAL LETTER

	tration Se ion of Co	ection rporations		
SUBJECT: _	Fra	nk-Ladd, LLC (Name of Limite	d Liability Company)	
The enclosed A	Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return a	ll corresp	ondence concerning this matte	er to the following:	
_	Mi	chael Speck		
		(1	Name of Person)	
	Mi	chael Speck and	Associates, Inc.	
		(Firm/Company)	
	19	12 B Lee Road		4,0
			(Address)	PEC ST
				至 日 五
	05]ando Et 22010		55 = F
		lando, FL 32810 (City)	State and Zip Code)	
				77. 2
For further info	ormation	concerning this matter, please	call:	OS FEB 11 PM 2: 30 SECILLIASSEE, FLORIDA TALLAMASSEE, FLORIDA
Michael		k of Person)	at (407) 521-89 (Area Code & Daytime T	
Enclosed is a	check fo	r the following amount:		
□ \$125.00 Fili	ing 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)
	STRE	ET ADDRESS:	MAILING A	DDRESS:
		ration Section	Registration S	Section
		on of Corporations Gaines Street	Division of C P.O. Box 632	
	Tallah	assee, Florida 32399	Tallahassee, I	Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	ne: imited Liability Company is	:		
_Frank=Ladd,	LLC	, ,		_
ARTICLE II - Ad The mailing address	dress: as and street address of the p	rincipal office of the I	Limited Liability	Company is:
Principal Office A	ddress:	Mailing Address:		
5548 Oxford Windermere,	Moor Boulevard FL 34786	5548 Oxford Windermere,		vard -
ARTICLE III - R	egistered Agent, Registere	d Office, & Registere	ed Agent's Signa	ture:
The name and the l	Florida street address of the	registered agent are:	=	is s
	<u>Ladd Tsukamoto</u> Name			FILE SPEB 11
	5548 Oxford Moc Florida street ad	or Boulevard dress (P.O. Box <u>NOT</u> acc	eptable)	PM 2: 30
	Winderemere, City, State,		<u>. </u>	2: 30 LORIDA
liability compa registered agent a statutes relating	ed as registered agent and to my at the place designated in nd agree to act in this capacit to the proper and complete p gations of my position as reg	this certificate, I hereb ty. I further agree to co erformance of my dutie	y accept the appo omply with the pro es, and I am famili	intment as ovisions of all ar with and

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag	Name and Address:		
"MGRM" = Man			
MGRM	Ladd Tsukamoto 5548 Oxford Moor Boulevard Windermere, FL 34786	- · -	
MGRM	Frank Rubino 8985 Heritage Bay Circle Orlando, FL 32836	<u>.</u>	<u>-</u>
		- - -	
		- -	
(Use attachment i	if necessary)		
NOTE: An addi	itional article must be added if an effective date is requested.		
REQUIRED SIG	GNATURE:		
	Signature of a member or an authorized representative of a member.	05	
	Signature of a member of an authorized representative of a member.	FEB	
	(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.)	.B	FILE
	Ladd Tsukamoto Typed or printed name of signee	PH 2:	ED
Filing Face:	ORIC): 3C	

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)