

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**LIMITED LIABILITY COMPANY**

**Sciandra Florida Realty LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

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RECEIVED  
05 MAR 31 PM 12:46  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
05 MAR 31 PM 9:51

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sciandra Florida Realty LLC**ARTICLE II - Address:**

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

**Principal Office Address:**35000 Portofino Circle - Apt 102  
Palm Beach Gardens, FL 33418**Mailing Address:**35000 Portofino Circle - Apt 102  
Palm Beach Gardens, FL 33418**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Salvatore Sciandra

Name

35000 Portofino Circle - Apt 102Florida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens, FL 33418

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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BlumbergExcelsior Corporate Services, Inc.  
62 White Street, New York, NY 1001303/31/2005 12:41:51  
FLORIDA

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**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:**MGRSalvatore Sciandra81 Copperflag LaneStaten Island, NY 10304

(Use attachment if necessary).

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

**REQUIRED SIGNATURE:**

X   
\_\_\_\_\_  
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.)

X Salvatore Sciandra  
\_\_\_\_\_  
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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