

L05000033589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

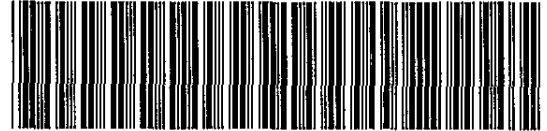
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BM*

Office Use Only



900049776189

04/06/05--01052--010 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR -6 AM 7:44  
05 APR -5 PM 1:12

FILED  
RECEIVED

# Lye & Lye Associates, Inc.

**GEORGE LYE**  
7096 Taft Street  
Hollywood, Florida 33024

ACCOUNTANTS  
"Income Tax & Small Business Center"

**LOLA LYE**  
(954) ~~(800)~~ 963-2567  
~~(800)~~ 731-5556



FILED  
05 APR -6 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date: April 5, 2005

Secretary of State  
Attention: Ms. Loria Y. Poole  
Division of Corporations  
State of Florida  
Tallahassee, FL 32304

Re: Formation of LLC: Giacobazzi, LLC

Dear Madam:

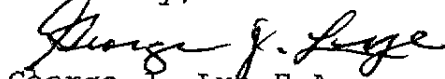
Enclosed herewith are the Articles of Incorporation for the above named corporation and our check in the amount of \$ 155.00 for the following:

Filing Fee	\$ <u>100.00</u>
Registered Agent	<u>25.00</u>
Certified Copy	<u>30.00</u>
Other:	<u>                    </u>
TOTAL CHARGES	\$ <u>155.00</u>

If possible, please fax a copy of the issued certificate to our fax #(954)985-7394 or give us a call if there is any question about this application.

Thank you very much for your kind assistance.

Sincerely,

  
George J. Lye, E.A.  
Accountant

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brian Giacobazzi, LLC  
(Name of Limited Liability Company)

**FILED**  
05 APR -6 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Giacobazzi  
(Name of Person)

Brian Giacobazzi, LLC  
(Firm/Company)

4002 S W 141 Avenue  
(Address)

Davie, FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Giacobazzi at ( 954 ) 309-1799  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 APR - 6 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brian Giacobazzi, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4002 S W 141 Avenue

Davie, FL 33330

**Mailing Address:**

4002 S W 141 Avenue

Davie, FL 33330

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

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

Brian Giacobazzi

Name

4002 S W 141 Avenue

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

Davie FLORIDA 33330

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, Florida Statutes..*

*X* 

Registered Agent's Signature

**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

Brian Giacobazzi

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

 - 4/1/05  
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.)

Brian Giacobazzi

Typed or printed name of signee