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## TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	Anthony & William I	Enterprises, LLC	
	(Name of Limite	d Liability Company)	<del></del>
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
		lley, Paralegal	
	(1	Name of Person)	
	McCausland, K	een & Buckman	
	(	Firm/Company)	
	Radnor Court, Suite 160, 2	59 N. Radnor-Chester Road	
		(Address)	<del></del>
	p. d	- DA 40007	
		nor, PA 19087 /State and Zip Code)	
For further information	on concerning this matter, please	call:	
Paula T. Br	adley	at ( 610 ) 341-1052	
(Na	me of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		7. SECF
□ \$125.00 Filing Fe	ce <b>Ø</b> \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
Rej Div 409	REET ADDRESS: gistration Section vision of Corporations DE. Gaines Street llahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection 00 00 00 00 00 00 00 00 00 00 00 00 00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Anthony & William Enten	orises, 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:
Council Square, 7551 Little Road New Port Richey, FL 34654	Council Square, 7551 Little Road  New Port Richey, FL 34654
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Maria Vald	ez
Nam	e
Council Square, 75	551 Little Road
	ddress (P.O. Box NOT acceptable)
New Port Richey	FL 34654
City, State,	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
maria	Valdey = = =
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	Kean W. Spencer  Council Square, 7551 Little Road  New Port Richey, FL 34654
MGR	Nicholas A. Mannino Council Square, 7551 Little Road New Port Richey, FL 34654
(Use attachment if necessary	)
NOTE: An additional artic	cle must be added if an effective date is requested.
REQUIRED SIGNATURE	a member or an authorized representative of a member.
(In accordanged of this document)	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury
	radley, Authorized Representative
Filing Fees:  \$125.00 Filing Fee for Article of Registered Agent \$ 30.00 Certified Copy (Opti \$ 5.00 Certificate of Status	Typed or printed name of signee  s of Organization and Designation  onal)