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(Requestor's Name) (Address)	SECRITARY OF STATE.  TALL  400053850484
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#### TRANSMITTAL LETTER

DATE: 05/12/2005 FILED

то:

Registration Section Division of Corporations

2005 HAY 16 P 12: 39

Y OF STATE E. FLORIDA

	that this
SUBJECT: CARONE PAPERHANGING, LLC	SECRETAR
(Name of Limited Liability Company)	SECRETAR) TALLAHASSE
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gregory H. Zogran, Esq.	
(Name of Person)	
Gregory H. Zogran, P.A.	
(Firm/Company)	
7000 SE Federal Hwy., Suite 300	
(Address)	
Stuart, FL 34997	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gregory H. Zogran at (772 ) 220-9699	
Gregory H. Zogran at (772 ) 220-9699  (Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a check for the following amount:	

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

**2** \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$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

## ARTICLES OF ORGANIZATION FOR ED FLORIDA LIMITED LIABILITY COMPANY

2005 MAY 16 P 12: 39

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### CARONE PAPERHANGING, LLC

ARTICLE II - Address:

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

2156 SE Herron Avenue	
Port St. Lucie, FL 34952	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
John J. Carone	
Name of Registered Agent	
2156 SE Herron Avenue	
Street Address (P.O. Box NOT acceptable)	
Port St. Lucie, Fl 34952	
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 a Chapter 608, F.S.	
Registered Agent's Signature	
ARTICLE IV - Management:	
The company shall be managed by the members as reflected in Schedule A.	
ARTICLE V - Effective date:	
The effective date shall be the date the Articles of Organization are filed with the State of Florida and the duration shall be <b>perpetual</b> .	
Signature of a member or an authorized representative of a member	
Type or print name: John Carone	

(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.)

#### SCHEDULE A

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2005 MAY 16 P 12: 39

List name of Member, Membership Interest, address, social security number, and afficultive and afficultive contribution (use a separate page for each Member): TALLAHASSEE. FLORIDA

JOHN CARONE, MGR.	One Hundred (100%)
Name of Member	Membership Percentage Interest
2156 SE Herron Avenue	Port St. Lucie, FL 34952
Street Address	City, State, Zip
044-36-4728	
Taxpayer I.D./Social Security Number	
Five Hundred (\$500,00) Dollars Capital Contribution	<del>-</del>