

L05000068866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

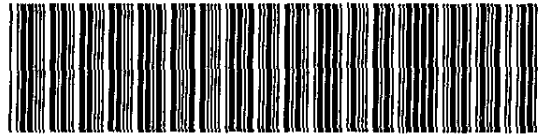
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400056724784

07/08/05--01018--011 **130.00

FILED
2005 JUL -8 PM 2:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 13 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orbital Development, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Anthony Rizzo
(Name of Person)

(Firm/Company)

3440 N Goldenrod road apt # 1031
(Address)

Winter Park, Florida 32792
(City/State and Zip Code)

FILED
2006 JUL - 8 PM 2:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anthony Rizzo at (518) 229-6793
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orbital Development, 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:

2133 Seaport circle apt # 207
Winter Park, FL 32792

3440 N Goldenrod rd apt # 1031
Winter Park, FL 32792

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

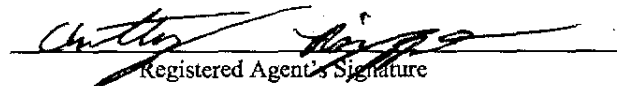
The name and the Florida street address of the registered agent are:

Anthony Rizzo
Name

3440 N Goldenrod rd apt # 1031
Florida street address (P.O. Box **NOT** acceptable)

Winter Park, FL 32792
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)

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

Philip Van Drunen
2133 Seaport circle apt#207
Winter Park, FL 32792

MGRM

Michael Mang
2133 Seaport circle apt#207
Winter Park, FL 32792

MGRM

Anthony Rizzo
3440 N Goldenrod rd apt#1031
Winter Park, FL 32792

MGRM

Andrew Rizzo
3440 N Goldenrod rd apt#1031
Winter Park, FL 32792

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

Anthony Rizzo
Typed or printed name of signee

FILED
2006 JUL -8 PM 2:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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)