

Florida Department of State

Division of Corporations
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To:

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


From:

Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772)461-5020
Fax Number : (772)468-8461

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LIMITED LIABILITY COMPANY**JPF STRAZZ, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JPF STRAZZ, LLC

ARTICLE II - Address:

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

Principal Office Address:

14800 Indrio Road
Fort Pierce, FL 34945

Mailing Address:

P O Box 3152
Fort Pierce, FL 34948-3152

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

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

Frank H. Fee, III, Esquire

Name

401 South Indian River Drive


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

Fort Pierce, FL 34950

FL

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 688, F.S.



Registered Agent's Signature

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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:

MGR

PHILIP P. STRAZZULLA

14800 Indrio Road

Fort Pierce, FL 34945

MGR

FRANK J. STRAZZULLA

14800 Indrio Road

Fort Pierce, FL 34945

(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.)

FRANK H. FEE, III, ESQUIRE, Authorized Representative

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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