

W5000090001

00789-00611-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

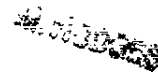
9/13 FL LC

Office Use Only



700058567717

08/30/05--01029--001 **160.00



FILED

05 SEP 13 PM 4:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W05-41240

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11 ENTERPRISES, 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:

KRIS ZAPARANIUK
(Name of Person)

(Firm/Company)

120 NE 51 ST
(Address)

FT LAUDERDALE, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

KRIS ZAPARANIUK at (954) 776-8280
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2005

KRIS ZAPARANIUK
120 NE 41 ST
FT. LAUDERDALE, FL 33334

SUBJECT: 11 ENTERPRISES, LLC
Ref. Number: W05000041040

We have received your document for 11 ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 105A00054901

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

11 ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

813 ARTHUR MOORE DR
GREEN COVE SPRINGS, FL 32043

Mailing Address:

120 NE 51 ST
FT LAUDERDALE, FL 33334

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

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

DAVID TAGLIARINI

Name

813 ARTHUR MOORE DR

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

GREEN COVE SPRINGS, FL 32043

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 SEP 13 PM 4:02

FILED

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..

DAVID TAGLIARINI

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

DAVID TAGLIARINI
813 ARTHUR MOORE DR
GREEN COVE SPRINGS, FL 32043


MGR

KRIS ZAPARANIUK
120 NE 15 ST
FT LAUDERDAEL, FL 33334

(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.)

KRIS ZAPARANIUK

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)