

LO5000097130

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000232673 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

jeffrey casale and silvana casale llc

Name Availability	
Document Examination	Doc
Update	Doc
Signature	
Signature	
Acknowledgment	Doc
Notary Public	

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 30 PM 2:10 2005 SEP 30 P 1:05

RECEIVED

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

③

4050000232673

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jeffrey Casale and Silvana Casale LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

60 Island Drive

Key Biscayne, Florida 33149

Mailing Address:

60 Island Drive

Key Biscayne, Florida 33149

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Norman T. Roberts, Esquire

Name

50 West Mashta Drive, Suite 4

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

Key Biscayne

FL 33149

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 606, F.S.



Registered Agent's Signature (REQUIRED)

SEP 30 2005 13:34
OFFICE OF THE
CLERK OF THE
STATE
OF FLORIDA
P 1:05
ED

(CONTINUED)

Page 1 of 2

4050000232673

TOTAL P. 03

405000232673

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

Jeffrey Casale

60 Island Drive

Key Biscayne, Florida 33149

MGRM

Silvana Casale

60 Island Drive

Key Biscayne, Florida 33149

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Norman T. Roberts, Esquire

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP 30 P 1:05

FILED

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)

405000232673