

LOS000112172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

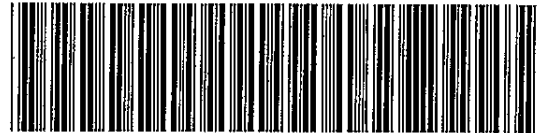
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LOS-112172
OK

Document Assistance Inc.

2431-D Del Aire Blvd
Delray Beach, Florida 33445

Phone: 561-265-2702
Fax: 561-330-0013

E- Mail:documentassistance.com

November 14, 2005

Department of State
Div. of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

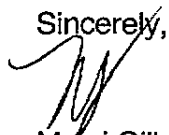
Subject:: Joseph F. LaViola LLC

Enclosed please find the following:

1. Name Search
2. Filing of Articiles of Incorporation LLC
3. Copy of Filed Articles of Incorporation.
4. Check for \$125.00

Please return copy to:
Document Assistanace Inc.
2431-D Del Aire Blvd
Delray Beach, Fl. 33445
561-265-2702

Sincerely,



Marci Gilbert
Document Assistance

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Joseph F. LaViola, LLC

ARTICLE II - Address:

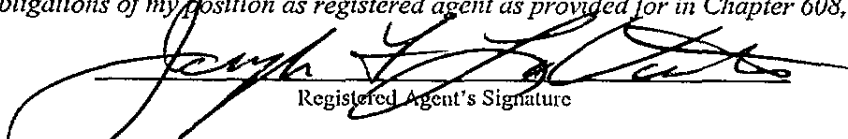
The mailing address and street address of the principal office of the Limited Liability Company is:
901 Gardenia Ste. 379 Delray Beach, Fl. 33483

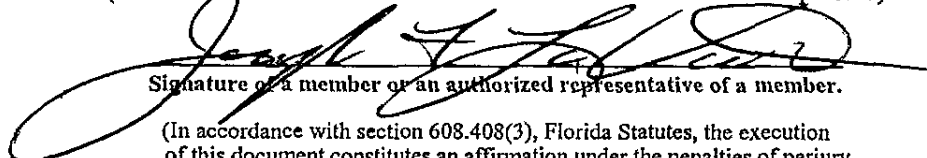
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joseph F. LaViola
Name
901 Gardenia Ste. 379
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach FL 33483
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
(An additional article must be added if an effective date is requested)


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.)

Joseph F. LaViola
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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