

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations

Fax Number : (850) 205-0383

## From:

Account Name : C T CORPORATION SYSTEM

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STANDARD  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Danco Associates, LLC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Danico Associates, 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

at (

\_\_\_\_\_)  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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ST. DEN LARY CT  
DIVISION OF CT  
REG. SEC.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Danico Associates, LLC.**ARTICLE II - Address:**

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

**Principal Office Address:**19 Seminole Drive  
Commack, New York 11725**Mailing Address:**19 Seminole Drive  
Commack, New York 11725**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation, Florida 33324

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..*

CT Corporation System

Registered Agent's Signature

**Sandra Ortega**  
**Assistant Secretary**

(CONTINUED)

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ST. CLAY COUNTY  
DIVISION OF REVENUE

**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

Nicholas M. Canonico  
19 Seminole Drive  
Commack, New York 11725

MGR

Darlene M. Canonico  
19 Seminole Drive  
Commack, New York 11725

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

SIGNATURE:   
Signature of a member or an authorized representative

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.)

Nicholas M. Canonico

Typed or printed name of signer

### File Name:

**\$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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