

L06000012387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2006 JAN 30 PM 4:19

Pamela A. Versaggi
32 Adalia Avenue
Tampa, FL 33606
813-253-2200
pamelav@tampabay.rr.com

January 26, 2006

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

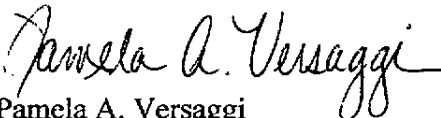
RE: Articles of Organization

Dear Madam or Sir:

Enclosed please find Articles of Organization for Florida Limited Liability Company along with a check for \$155.00 for filing fee and a certified copy. The registered agent is Salvatore J. Versaggi at 2633 Causeway Boulevard, Tampa, Florida 33619.

If you have any questions, please do not hesitate to call.

Respectfully yours,


Pamela A. Versaggi

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pamela A. Versaggi, 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:

32 Adalia Avenue - Tampa, Florida 33606

Mailing Address:

32 Adalia Avenue - Tampa, Florida 33606

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:

Salvatore J. Versaggi

Name

2633 Causeway Blvd

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

Tampa, Florida 33619

FL

City, State, and Zip

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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..

Salvatore J. Versaggi
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Pamela A. Versaggi

32 Adalia Avenue

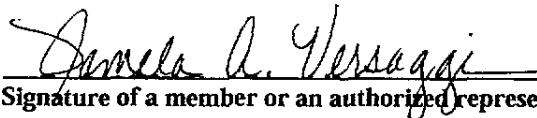
Tampa, Florida 33606

(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.)

Pamela A. Versaggi

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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