

LO6000036245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

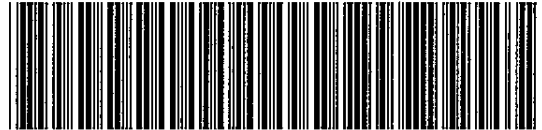
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Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

3/27/06

04/04/06--01052--025 **130.00

FILED
06 APR -4 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH F. LAURELLI, 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:

JOSEPH F. LAURELLI
(Name of Person)

JOSEPH F. LAURELLI, LLC
(Firm/Company)

39 ROUND THORN DRIVE
(Address)

PALM COAST, FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH F. LAURELLI at (386) 793-5990
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2006

JOSEPH F. LAURELLI
39 ROUND THORN DRIVE
PALM COAST, FL 32164

SUBJECT: JOSEPH F. LAURELLI, LLC
Ref. Number: W06000016406

We have received your document for JOSEPH F. LAURELLI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 206A00023380

EFFECTIVE DATE
3/27/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOSEPH F. LAURELLI, 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:

39 ROUND THORN DRIVE
PALM COAST, FL 32164

Mailing Address:

39 ROUND THORN DRIVE
PALM COAST, FL 32164

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:


JOSEPH F. LAURELLI
Name

39 ROUND THORN Drive
Florida street address (P.O. Box NOT acceptable)

PALM COAST FL 32164
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 (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:

MGRM

JOSEPH F. LAURELLI

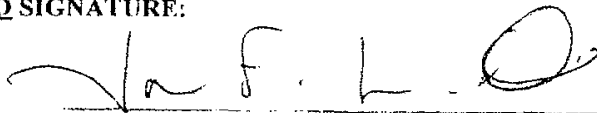
39 ROUND THORN DRIVE

PALM COAST, FL 32164

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/27/06 (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.)

Joseph F. Laurelli

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA