

L 06000039710

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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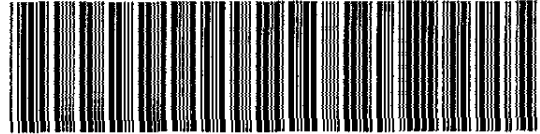
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**DATE:** 04-17-06

**NAME:** DECEDO DIVES, LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**COST:** \$125 + \$30= \$155

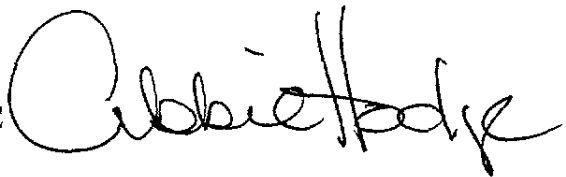
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**ACCOUNT:** FCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DECEDO DIVES, LLC

ARTICLE II - Address:

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

Principal Office Address:

136-14A Via Flora

Delray Beach, FL 33484

Mailing Address:

1 East Main Street, Suite 500

Rochester, NY 14614

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

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

Jeffrey Black

Name

136-14A Via Flora

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

Delray Beach

FL 33484

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.*

Jeffrey Black

Registered Agent's Signature

(CONTINUED)

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**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**

**Derrick Spatorico**

**47 Vineyard Hill**

**Fairport, NY 14450**

**MGRM**

**Jeffrey Black**

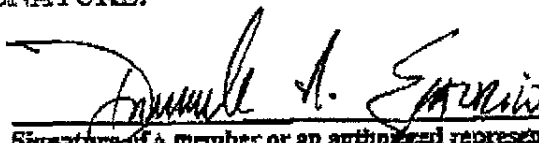
**136-14A Via Flora**

**Delray Beach, FL 33484**

(Use attachment if necessary)

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

**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.)

**Derrick Spatorico**

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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