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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALL AHASSEE FLORING

COVER LETTER

TO: Registration Se Division of Co	•			
SUBJECT:	SCARDUZIO'	S LLC		
	(Name of Limited	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	MARIANNE	BRYAN Name of Person)	W. V.	
	(1	Name of Person)		
SCARDUZIO'S (Firm/Company)				
405	7 HANGIN	IG MOSS	LUOP	
SP	RING HIL	State and Zip Code)	34609	
	(City	/State and Zip Code)	,	
For further information	concerning this matter, please	call:		
MARIANNE	BRYAN	at <u>352</u> <u>263</u> (Area Code & Daytime Te	- 2848 Jephone Number)	
(Name	of Person)	(Area Code & Daytime Te	iepitone (vantoer)	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as	

Por tambés larboratelos

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ed Company" or their abbreviation "LLC," or "L.C.,") rincipal office of the Limited Liability Company is:
Mailing Address:
4057 HANGING MOSS LOOP SPRING HILL, FL 34609
registered agent are: BRYAN MOSS LOOP Aress (P.O. Box NOT acceptable) FL 34609 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 (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MARIANNE BRYAN "MGR"	4057 HANGING MOSS LP. SPRING HILL, FL 34609
JOSEPH R. BRYAN "MGRM"	4057 HANGING MOSS LP SPRING HILL, PL 34609
(Use attachment if necessary)	
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	~ 1
Mauais	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	es an affirmation under the penalties of perjury
	NNE BRYAN Tor 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)