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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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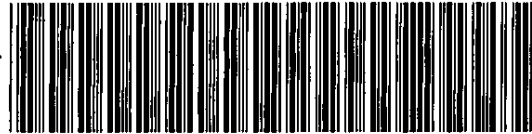
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ZOLLINGER, D'ATRI, GRUBER, THOMAS & CO.**

A Legal Professional Association  
646 Unizan Plaza  
220 Market Avenue South  
Canton, Ohio 44702

Mailing Address: PO Box 21396  
Canton, Ohio 44701-1396

Telephone (330) 452-4335  
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Fred H. Zollinger, Jr.  
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Brian C. Layman\*  
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\*Admitted to practice law  
in Ohio and Florida

June 8, 2006

The Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

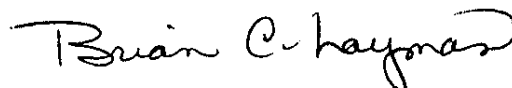
RE: Edward L. D'Atri, LLC

You will find enclosed the Articles of Organization for Florida Limited Liability Company along with a check for the \$125.00 filing fee. We would appreciate your processing this application.

Please do not hesitate to contact us should you have any questions.

Thank you.

Very truly yours,

  
Brian C. Layman

j

Enclosures

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Edward L. D'Atri, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4700 Crayton Court

Naples, FL 34103

**Mailing Address:**

4700 Crayton Court

Naples, FL 34103

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

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

E. Lang D'Atri

Name

4700 Crayton Court

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

Naples

FL 34103

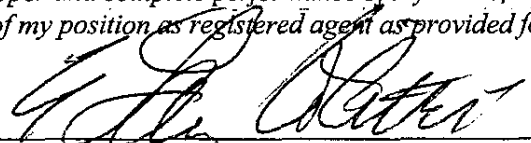
City, State, and Zip

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TALLAHASSEE FLORIDA

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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..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**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

E. Lang D'Atri

4700 Crayton Court

Naples, FL 34103

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

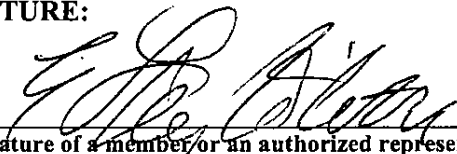
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(Use attachment if necessary)

**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.)

E. Lang D'Atri

\_\_\_\_\_  
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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