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SECRETARY OF STATE

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June 22, 2006

JUNE M D'ANGELA 7307 MYSTIC WAY PORT ST LUCIE, FL 34986

SUBJECT: MALTERRA LLC Ref. Number: W06000028504

We have received your document for MALTERRA 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6851.

Letter Number: 806A00041889

Gina McLeod Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

	tration Section ion of Corporations		,	
SUBJECT: _	MALTERRA L (Name of Limite	LC	<u>.</u> .	
	(Name of Limite	ed Liability Company)		
The enclosed A	Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	June M. D.	Angelo		
	J	(Name of Gerson)		
<u></u>		(Firm/Company)		
Port St Cue e FL 34986  (City/State and Zin Code)				
(Address)				
	Port St L	ueie, FL	34986	
	(City	y/State and Zip Code)		
For further information concerning this matter, please call:				
June M: D'Angelo at (772) 979-0255  (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a	check for the following amount:			
\$125.00 Fili	ing 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MALTERAA 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:  Mailing Address:
7307 MYSTIC WAY SAME PORT ST. LUCIE FLORI DA 34986
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:
MALTERRA · JUNE M. D'ANGELO Name
Florida street address (P.O. Box NOT acceptable)  FORT ST LUCIEFL 34986  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, E.S
Registered Agent's Signature (REQUIRED)  Resistered 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: Name and Address: Title: "MGR" = Manager

"MGRM" = Managing Member June m. D'Angelo

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/16/2005. (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:**

June M D Conglis 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.)

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)