

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : THOMAS M. CLARK, P.A.

Account Number : 072100000445

Phone : (954) 776-3800

Fax Number : (954) 776-3825

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ingrasci, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
INGRASCI, LLC**

ARTICLE ONE

The name of this limited liability company shall be INGRASCI, LLC

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The street address of the principal office of this limited liability company shall be 4140 NE 6th Ave., Ft. Lauderdale, FL 33334. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, Fort Lauderdale, Florida 33308.

ARTICLE FIVE

This limited liability company has three members and the total amount of cash contribution required shall be \$100.00.

ARTICLE SIX

There shall be no additional contributions required by the members.

ARTICLE SEVEN

There shall be no additional members of this limited liability company, except as provided by Amendment to these Articles of Organization.

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ARTICLE EIGHT

The remaining members, if any, of this limited liability company shall have the right to continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE NINE

This limited liability company shall be managed by one manager, Charlie Ingrasci. The name and address of the members of this limited liability company are as follows:

Charlie Ingrasci
4140 NE 6 Ave.
Ft. Lauderdale, FL 33334

Carlos A. Ingrasci & Emanuel Ingrasci, JTWROS
500 Route 32
Highland Mills, NY 10930

ARTICLE TEN

Charlie Ingrasci shall own an undivided fifty percent (50%) interest therein and shall contribute fifty percent (50%) of the cash contribution set forth hereinabove. Carlos A. Ingrasci and Emanuel Ingrasci, JTWROS, shall own an undivided fifty percent (50%) interest therein and shall contribute fifty percent (50%) of the cash contribution set forth hereinabove.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization on the 25th day of July, 2006.


Thomas M. Clark

STATE OF FLORIDA }

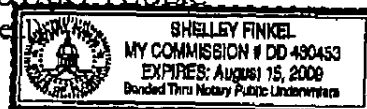
COUNTY OF BROWARD }

BEFORE ME, personally appeared Thomas M. Clark, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 25th day of July, 2006.


NOTARY PUBLIC

(Seal)



My Commission Expires:

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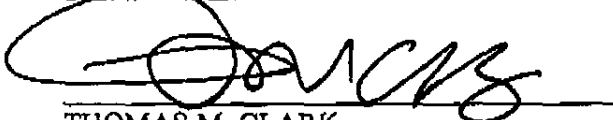
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT INGRASCI, LLC DESIRING TO ORGANIZE OR QUALIFY UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT
THE CITY OF WILTON MANORS, STATE OF FLORIDA, HAS NAMED THOMAS M.
CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, SUITE 820, FORT LAUDERDALE,
FLORIDA 33308 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

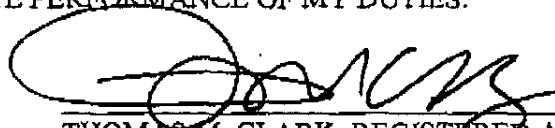


THOMAS M. CLARK
TITLE: AUTHORIZED REPRESENTATIVE
OF MEMBERS

DATE: JULY 25th, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:



THOMAS M. CLARK, REGISTERED AGENT

DATE: JULY 25th, 2006

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