

LD60000084109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

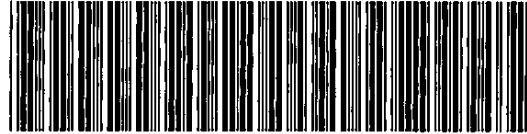
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700079033167

08/24/06--01019--021 **160.00

~~08/24/06 01019 021 **125.00~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 24, PM 1:05

R.M. LeRoux Consulting

**Accounting * Bookkeeping
Consulting * Payroll
Income Tax - Federal & States**

507 Herbert Street, Suite A, Port Orange, FL 32129-3845
Phone 386 788-7264 * Toll Free 866 788-7264 * Fax 386 788-1958 * Email: rleroux@outdrs.net

08/22/2006

Florida Department Of State
Division Of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Please file the enclosed Articles Of Organization for the following:

Ferrentino Investments, LLC

Enclosed is my check number 5592 in the amount of \$160.00 for the following:

| | |
|-----------------------|--------|
| Filing Fee | 125.00 |
| Certified Copy | 30.00 |
| Certificate Of Status | 5.00 |
| Total | 160.00 |

Thank You,



R.M. LeRoux

**Articles Of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
Ferrentino Investments, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5110 Blueberry Acres
DeLeon Springs, FL 32130

The mailing address of the Limited Liability Company is:
P.O. Box 1116
DeLeon Springs, FL 32130

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
Peter Ferrentino
5110 Blueberry Acres
DeLeon Springs, FL 32130

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 am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:  8/22/06

Article V

The name and address of the managing members/managers are:
Peter Ferrentino, MGRM
5110 Blueberry Acres
DeLeon Springs, FL 32130

Signature of member or an authorized representative of a member.

Signature:  8/22/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 24 PM 1:05