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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

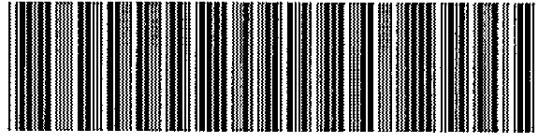
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**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Joseph V. Marullo, Sr., CPA, LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.

**Please send one check for the total amount made payable to the Florida Department of State.**

**FROM:** Joseph V. Marullo, Sr.  
Name (Printed or typed)  
1561 Anna Catherine Drive  
Address  
Orlando Florida 32828  
City, State & Zip  
407-281-6005  
Daytime Telephone number

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *Joseph V. Marullo, Sr., CPA, LLC*

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: *1561 Anna Catherine Drive, Orlando, Florida 32828*

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: *12/31/2056*

**ARTICLE IV - Management:**

**(check and complete the appropriate statement)**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

*Joseph V. Marullo, Sr., CPA  
1561 Anna Catherine Drive  
Orlando, Florida 32828*

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Joseph V. Marulle, Sr.,  
CPA, LLC

2. The name and address of the registered agent and office is:

Joseph V. Marulle, Sr.  
(NAME)

1561 Anna Catherine Drive  
(P. O. Box NOT ACCEPTABLE)

Orlando Florida 32828  
(CITY/STATE/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.*

Joseph V. Marulle  
(SIGNATURE) *MAR*

8/21/06  
(DATE)

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**Filing Fee: \$ 35 for Designation of Registered Agent**