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2001 FEB -2 P 2: 52 SECRETARY OF STATE ALLAHASSEE, FLORIFA

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations						
SUBJECT: Florida	Classic Clusters, LL	С					
	(Name of Limite		ipany)	<del></del>	<del></del>		•
The enclosed Articles o	f Organization and fee(s) are	submitted for fil	ing.				
Please return all corresp	ondence concerning this matt	er to the followi	ng:				
Daniel T. S							
		(Name of Person)	. :-		_ F ' <u>F</u> '		- 2
Florida Cla	ssic Clusters, LLC						
		(Firm/Company)					
25421 Tra	dewinds Dr.						
Land O La	akes FL 34639	(Address)		SECR	7001 F	ented .	•
	<del></del>	/State and Zip Co	ode)	A A A	8 -		
For further information	concerning this matter, please	call:		RY OF ST SEE, FLC	-2 P 2:	m	
Daniel T. Stolz		<sub>at (</sub> 727	423-535	4 PRICE	ĊT		
(Name	of Person)	(Area C	ode & Daytime To	elephone Number)	- 10		
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co (additional cop	• •	\$160.00 Fill Certificate of State Cortified Copy (additional copy in the cortified Copy	Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Addressation Section on of Corporation Building xecutive Center issee, FL 32301	ns			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Classic Clusters, LLC				
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviatio	n "LEC,"	or "L.C.,")	)
ARTICLE II - Address:				
The mailing address and street address of the pri	ncipal office of the Limi	ited Lia	bility Co	ompany is:
Principal Office Address:	Mailing Address:	TAT SI	<b>1</b> 0	
5360 Lockhart Rd.	25421 Tradewinds Dr.	ECR	=	71
Brooksville, FL 34602	Land O Lakes, FL 34639	<b>⊅</b> :	思	
	~	SSE	<del></del>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate	gent's	Signatu uakopanot Un 2	re: 5
The name and the Florida street address of the re	egistered agent are:	· ·		
MARY MANNING-STOLZ				
Name		<b>-</b> , -	••	t *
25421 TRADEWINDS DR.				
Florida street addı	ress (P.O. Box <u>NOT</u> acceptal	ole)		ı
LAND O LAKES, FL 34639	_FL			
City, State, ar	ıd Zip	' =	• •	•
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registered the Agent's Signature.	nis certificate, I hereby ac I further agree to comp formance of my duties, a tered agent as provided for	cept the ly with t nd I am	appoini he provi familiar	tment as isions of all with and

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Mary Manning 25421 Tradewinds Dr. Land O Lakes FL 34639 **MGRM** Daniel T. Stolz 25421 Tradewinds Dr. Land O Lakes FL 34639 MGRM Joe Napolitano 925 Lake Charles Circl Lutz, FL 33548 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:**

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.)

Daniel T. Stolz

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)