

LO7000024619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

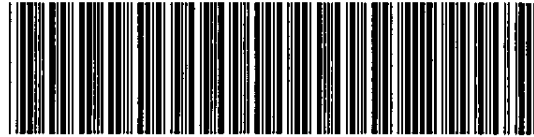
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TALLAHASSEE, FLORIDA

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# Brennan Law Firm, PLLC

ATTORNEY AND COUNSELOR AT LAW

17115 Kenton Drive, Suite 204A

Cornelius, North Carolina, 28031

**Martin M. Brennan, Jr.**

(Licensed in North Carolina and Virginia)

Phone: (704) 896-6441

Facsimile: (704) 896-6449

Cell: (704) 236-9520

February 27, 2007

## VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: LV Design and Development, LLC

Dear Sir or Madam:

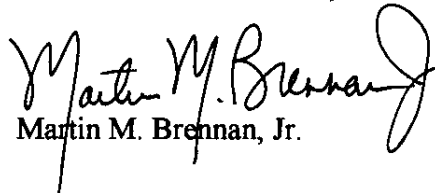
On behalf of the above-named entity, enclosed please find the following documents:

- 1) An original and one copy of the Cover Letter and Articles of Organization for Florida Limited Liability Company; and
- 2) A check in the amount of \$125.00 made payable to the Florida Department of State.

Should you need further information or have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Sincerely,

BRENNAN LAW FIRM, PLLC

  
Martin M. Brennan, Jr.

MMBjr/mlb

Enclosures

cc: Mr. Chris O'Connor

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LV Design and Development, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin M. Brennan, Jr.

(Name of Person)

Brennan Law Firm, PLLC

(Firm/Company)

17115 Kenton Drive, Suite 204A

(Address)

Cornelius, North Carolina 28031

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin M. Brennan, Jr.

(Name of Person)

at ( 704 ) 896-6441

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LV Design and Development, 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:

13735 Saxon Lake Dr.  
Jacksonville FL 32225

#### Mailing Address:

13735 Saxon Lake Dr.  
Jacksonville FL 32225

### 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:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

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, F.S..*

Dale W. Morris

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Lavinia Vranceanu  
13735 Saxon Lake Dr.  
Jacksonville FL 32225

**MGRM**

(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:**

Sam Granceano

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.)

*Lavinia Vranceanu*

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)**