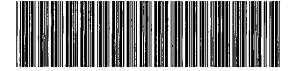
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| (Requestor's Name) | | | | |
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| (Business Entity Name) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

| | on Section of Corporations |
|-------------------------|---|
| SUBJECT: <u>157</u> | 5 Vineland, LLC (Name of Limited Liability Company) |
| The enclosed Artic | les of Organization and fee(s) are submitted for filing. |
| Please return all co | rrespondence concerning this matter to the following: |
| Frank J | . Gissaro, Esq. |
| | (Name of Person) |
| Albertel | li & Halsema, P.L. |
| | (Firm/Company) |
| 208 No | rth Laura Street, Suite 900 |
| • | (Address) |
| Jackso | rth Laura Street, Suite 900 (Address) (Address) |
| | (City/State and Zip Code) |
| For further information | ation concerning this matter, please call: |
| Frank J. Giss | aro, Esq. at (904) 356-4755 |
| - (| Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a che | ck for the following amount: |
| \$125.00 Filing | Fee \$\sim \\$130.00 \text{ Filing Fee & } \subseteq \\$155.00 \text{ Filing Fee & } \subseteq \\$160.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certificate of Status & } \text{ Certified Copy } \text{ (additional copy is enclosed)} |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

| | NIZATION FOR I | is: mited Company" or their abbreviation "LLC," or "L.C.,") |
|----------------------------------|---|--|
| ARTICLE I - Name: | | |
| The name of the Limited | Liability Company | is: |
| | | |
| 1575 Vineland, LLC | | 3 |
| (Must end with the words "Limite | ed Liability Company, "Lin | nited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | • | <u> </u> |
| | | principal office of the Limited Liability Company is: |
| Principal Office Addres | <u>ss:</u> | Mailing Address: |
| 339 Snowberry Circle | | |
| Venetia, PA 15367 | | Venetia, PA 15367 |
| The name and the Florida | a street address of th | e registered agent are: EPFECTIVE DA |
| Albert | telli & Halsema, P.L. | 04/10/0 |
| Albert | telli & Halsema, P.L. Nar | 04/10/0 |
| | | 04/10/0 |
| | Nar North Laura Street, | 04/10/0 |
| 208 N | Nar North Laura Street, Florida street onville, FL 32202 | Suite 900 address (P.O. Box <u>NOT</u> acceptable) |
| 208 N | Nar North Laura Street, Florida street onville, FL 32202 | Suite 900 address (P.O. Box NOT acceptable) |

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: | |
|--|---|---|
| "MGRM" = Managing Member | | |
| MGRM | Steven R. Lacy | |
| | 339 Snowberry Circle | |
| | Venetia, PA 15367 | |
| MGRM | Marla V. Lacy | 9 SE |
| | 339 Snowberry Circle | |
| | Venetia, PA 15367 | 一岁 完 |
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| (Use attachment if necessary) | | |
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| ARTICLE V: Effective date, if other than t | the date of filing: 4/10/2007 . (OP | TIONAL) |
| | t be specific and cannot be more than five busin | ess days prior |
| to or 90 days after the date of filing.) | | |
| | • | |
| DECLUDED CICNATURE | | |
| <u>REQUIRED</u> SIGNATURE: | | |
| | | |
| | | |
| Signature of a men | aber or an authorized representative of a member. | |
| | | |
| of this document co | section 608 408(3), Florida Statutes, the execution sonstitutes an affirmation under the penalties of perjury | |
| Mat the facts state | ed herein are true.) | |
| Frank J. Gissaro, | Esq. | |
| | 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)