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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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Certified Copies	_ Certificates	s or Status		
	Filler Office			
Special Instructions to	Filing Officer:			
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7 MAY -8 AHII: 19

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	Asterwork C (Name of Limite	ommerce Pla d Liability Company)	3a, LLC.
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
A.	nthony Bruse	ino	
	1 (	Name of Person)	
	Dentan Deve	lopment	
	(	Firm/Company)	
4	1653 19th St. C.	ourt E.	
		(Address)	
/	Bradenton Flo	5+1da 34203	
	/ (City	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
		at ()(Area Code & Daytime T	
(Na	ume of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing F	ce \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Masterwor (Must end with the words "Limited Liability Con	k Commerce Pl	133 2, L.L.C.
(Must end with the words "Limited Liability Con	mpany, "Limited Company" or their abbrevia	ation "LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street addre	ss of the principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:	
Denton Developme	nt, Lic Denton	Derelopment, L. L.C 1 th St. Et. E. 20, F6 34203
4653 19th 5t. Ct. E	4653 19	St. St. E.
Wradenton, Fl. 34	203 Nradenia	30, 16 34203
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registratio The name and the Florida street addresses	its own Registered Agent. You must designa on.)	ate an individual or mother 07
Ma	rk Hass	-8 AM
	rk Hass Name	
	26th Are. W.	TLORID/FLORID/
	rida street address (P.O. Box NOT accep	
Bre	City State and Zin	
	City, State, and Zip	
Having been named as registered ag liability company at the place desi	gent and to accept service of proces ignated in this certificate, I hereby	•

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Anthony Bruscino 4653 19th St. Court E. Bradenton, Fl. 34203	
MGR_	Dennis Mertin 4453 19th St. Court E. Bredenton, Fl 34203	
(Use attachment if necessary)		
to or 90 days after the date of filing.)	ate of filing: 5/3/07 (OPTIONAL)  pecific and cannot be more than five business days	L) ; <b>prio</b> :
<u>REOUIRED</u> SIGNATURE:	SECH TALL.	
Signature of a member of	an authorized representative of a member.	丁
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury lein are true.)  Bruscino  de privited name of signee	FILED
Anth	dony Bruscino RA BON Signee	<b>)</b>
Filing Fees:	To praise nume of signer	
\$125.00 Filing Fee for Articles of Organiz	ation and Designation	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)