# Division of Corporation

### Florida Department of State

 Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000233537 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255

Fax Number

Certificate of Status	·	0	
Certified Copy	 	1	
Page Count		03	
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help

1 of 1 PAGE 01/03

EMPIRE CORP KIT

49:21 4002/61/60

107000233537

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

FRPGJJ, LLC

#### ARTICLE I

The name of the Limited Liability Company shall be: FRPGJJ, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 8982 TAFT STREET, PEMBROKE PINES, FL 33024.

#### ARTICLE IV

The name and the Florida street address of the registered agent: GUY D. SPERDUTO, C.P.A., P.A., 8982 TAFT STREET, PEMBROKE PINES, FL 33024.

ARTICLE V
The name of the Manager(s) and Member(s) shall be:

MANAGER
GAETANO D. SPERDUTO

MEMBER JOHN F. SPERDUTO PILED 07 SEP 19 AM 8: 14 SECKELAND DI SLATE TALLAHASSEE, FLORIDI

H07000233537

107000233537

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

FRPGJJ LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

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 verjury that the facts stated herein are true.)

Typed or printed name of signer

OT SEP 19 AM 8: 14
SECRETAIN OF STATE

H01000233537