## L07000122271

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800112753958

12/10/07--01010--001 \*\*125.00



07 DEC 10 PM12: 05
SECRETARY OF STAT

OF STATE PLORIDA 12/1/2

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Requested by:	wc	121	/_	Q1
Signature			<u> </u>	
			<del></del>	
	·		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			
AAS	(L)	COC		<u> </u>
11.11	15	///		

Will Pick Up

Walk-In

# TALL THE COMPLETE STATE OF THE COMPLETE STATE STATE OF THE COMPLETE STATE OF THE COMPLETE STATE OF THE COMPLETE STATE OF THE COMPLET

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

# ARTICLES OF ORGANIZATION FOR FOR

#### AASB, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME** 

The name of the company is AASB, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 6896 Trail Blvd., Naples, FL 34108

**ARTICLE III: MANAGEMENT** 

The company will be a manager managed Limited Liability Company.

### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Marc L. Shapiro, P.A., Attorney at Law, 720 Goodlette Rd N, Suite 304, Naples, FL 34102

#### **ARTICLE V: MANAGERS AND MEMBERS**

The name and address of the initial Managers and Members of the company are:

Bacardi Revocable Trust, Manager, 6896 Trail Blvd., Naples, FL 34108

Alisa Accardi, Member, 6896 Trail Blvd., Naples, FL 34108

Membership Units are to be divided with Bacardi Revocable Trust having 99% and Alisa Accardi having 1%.

The undersigned has executed these Articles of Organization this 4th day of December 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statu the laws of the State of Florida, submits the following states agent registered office, in the State of Florida.	ment in designating the registered
1. The name of the company is: AASB, L	<u>LC</u>
2. The name and address of the registered agent and office	ATTORNEY AT LAW
	720 Goodlette Rd N – Suite 30 Naples, FL 34102
HAVING BEEN NAMED AS REGISTERED AGENT AND	
THE ABOVE STATED COMPANY AT THE PLACE I HEREBY ACCEPT THE APPOINTMENT AS REGISTER! CAPACITY. I FURTHER AGREE TO COMPLY WITH RELATING TO THE PROPER AND COMPLETE PERF FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF	ED AGENT AND AGREE TO ACT IN THIS THE PROVISIONS OF ALL STATUTES FORMANCE OF MY DUTIES AND I AM
	Nac I. Shapin