

LU8000003484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600114629126

01/11/08--01001--007 **125.00

RECEIVED
08 JAN 10 PM 3:58
CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JAN 11 2008

EXAMINER

FILED
08 JAN 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

FILED
08 JAN 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S: D STRADA LLC

- ☐ 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 _____

Signature _____

Requested by: 93

Name

Date 1/10

Time 3:45

FILED
08 JAN 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: S & D Strada LLC

The name of the Limited Liability Company is:

ARTICLE II - Address: 1019 Ft Salonga Rd., Suite 103, Northport,
NY 11768

The mailing address and street address of the principal office of
the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:

The name and the Florida street address of the registered agent
are:

Name Scott Hartinger

905 North Swinton Ave.

Delray Beach, FL 33444

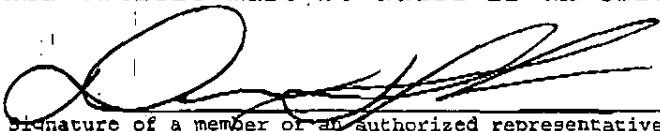
Having been named as registered agent and to accept service of
process for the above stated limited liability company at the
place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all 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, FS.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or
more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is
requested)


Signature of a member or an authorized representative of a member.
Dennis DeAngelis

(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.)