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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	(Name of Limited Liability Company)	sta, Li
The er	aclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	FRANK SINARDO (Name of Person)	
	FO ENTER PRISES of SARASOTA, LLC (Firm/Company)	
	2040 BispHAM Road (Address)	
	SARASOTA, FL 34231 (City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
FX	(Name of Person) at (941) 724-5418 (Area Code & Daytime Telephone Number)	_
Enclo	sed is a check for the following amount:	
⊒\$125	5.00 Filing Fee \$\square \text{\$130.00 Filing Fee & Certificate of Status}\$\square \text{\$155.00 Filing Fee & Certificate of Status}\$\square \text{\$160.00 Filing Certificate of Status}\$\text{\$Certified Copy (additional copy is enclosed)}\$	Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



January 29, 2008

FRANK DINARDO 2040 BISPHAM ROAD SARASOTA, FL 34231

SUBJECT: FB ENTERPRISES OF SARASOTA, LLC

Ref. Number: W08000004917

We have received your document for FB ENTERPRISES OF SARASOTA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 2. I AM ENCLOSING THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 008A00006048

Neysa Culligan Document Specialist

Division of Cornerations, D.O. ROY 6327 Tallahassa, Florida 22214

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:								
e	_		_					

(Must end with the words "Limited Liability Company, "L.L.C.," of "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

Mailing Address:

2040 BISP. SARASOTA EL	1/2 231	SAME	
	iny cannot serve as its own Registe	Office, & Registered Age red Agent. You must designate an i	
	ida street address of the re FRAJK D. Name	NARDO	BFEB PH
	Po40 BISPH Florida street addr SARASO+City, State, an	ress (P.O. Box <u>NOT</u> acceptable) FL 3 42 3/	TATE STATE ORIDA

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)