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SECRETARY OF STATE

A. LUNT
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EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Sean Barone LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sean Barone &
Sean Barone LLC
(Firm/Company)
2322 mc Kinley ST. Egg = -
(Address)
Holly wood F1. 33020
(City/State and Zip Code)
DRI 2:
For further information concerning this matter, please call:
Sean Barone at (954) 665-9429
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:
Sean Barone	uc
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2322 mcKinley ST. Hollywood Fl. 33020	2322 MCK, N/ey SJ. Holywood El. 33020
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Segn Boundary  2.322 Mc  Florida  Holly Wood	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ansider AHRITARY OF THE TEB  Name  Kinley St. street address (P.O. Box NOT acceptable)  FL 33020  y, State, and Zip

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)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Sean Barone 2,322 MCKINNY S.J. NALLYWOOD FIL 3300
	ZORR FE
	EB III P HASSEE, FL
(Use attachment if necessary)	2: 40 TATE ORIDA
RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	
REQUIRED SIGNATURE	
Signature of a memb	ber or an authorized representative of a member.
(In accordance with s of this document con-	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

Barone
Typed or printed name of signee