

H080000 33328

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.

(((H08000082513 3)))



H080000825133ABC

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

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
08 APR - 1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

carol j. depasquale, llc

RECEIVED
08 APR - 1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Electronic Filing Menu

Corporate Filing Menu

Help

Thomas APR - 1 2008

H08000082513

3

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

CAROL J. DePASQUALE, LLC

ARTICLE I

The name of the Limited Liability Company shall be: CAROL J. DePASQUALE, 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.

FILED
08 APR - 1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 2768 DUFFER ROAD, SEBRING, FL 33872.

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) shall be:

MANAGER

CAROL J. DePASQUALE

H08000082513

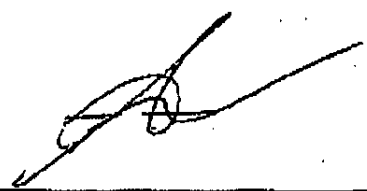
H08000082513

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

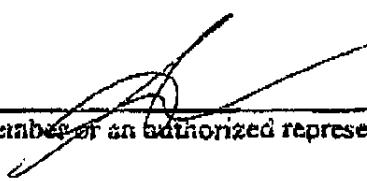
CAROL J. DePASQUALE, LLC

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.

FILED
08 APR - 1 AM 10:37
SECRETARY OF STATE
FLORIDA



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 perjury that the facts stated herein are true.)

GUY D. SPERDUTO, C.P.A., P.A.

Typed or printed name of signee

H08000082513