

L08000047643

(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



500129008615

05/12/08--01041--026 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:06

J. BRYAN

MAY 13 2008

EXAMINER

**RUSH, MARSHALL, JONES AND KELLY, P.A.**  
ATTORNEYS AT LAW

FLETCHER G. RUSH (1917-2003)  
CHARLES V. MARSHALL (1929-1994)  
DAVID B. JONES  
ROGER A. KELLY  
JAMES C. HINCKLEY\*  
ROBERT S. HOFFMAN\*\*  
LESLIE S. WHITE\*\*\*  
ROBERT J. WATSON, JR.  
ANTHONY J. McDONALD  
\*ALSO ADMITTED NEW YORK  
\*\*ALSO ADMITTED TEXAS  
\*\*\*ALSO ADMITTED ALABAMA

MAGNOLIA PLACE  
109 EAST CHURCH STREET, 5TH FLOOR  
POST OFFICE BOX 3146  
ORLANDO, FLORIDA 32802-3146

407-425-5500  
FACSIMILE 407-423-0554  
JHINCKLEY@RUSHMARSHALL.COM

MAY 9, 2008

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

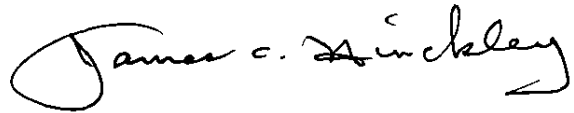
Re: John J. Ustica, CPA, LLC

Dear Sirs:

I enclose Articles of Organization for this LLC and a check for \$155.00.

Please file and send me a certified copy.

Very truly yours,



James C. Hinckley

JCH/wpf  
Encl.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

John J. Ustica, CPA, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

5381 Fairfield Way  
Ft. Myers, FL 33919

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John J. Ustica

Name

5381 Fairfield Way


Florida street address (P.O. Box **NOT** acceptable)

Ft. Myers, FL 33919 FL

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:06

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

John J. Ustica,

5381 Fairfield Way

Ft. Myers, FL 33919

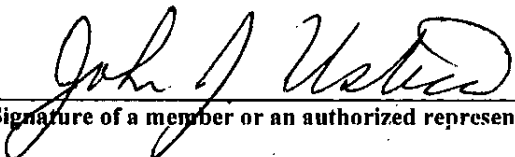
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:06

(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 that the facts stated herein are true.)

**John J. Ustica**

Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**