L08000054527

(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



300130577703

06/02/08--01041--021 **130.00

Effective Date 06/01/08

SECRETARY OF STA

T. HAMPTON

JUN - 3 2008

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SURI	_{ECT:} Subwa	ay # 1443, LLC			
5086			ted Liability Compa	iny)	
The e	nclosed Articles of	f Organization and fee(s) are	submitted for filing	3 .	
Please	return all corresp	ondence concerning this mat	ter to the following	,	
	Rodolfo M	. Lefeld			
			(Name of Person)		
	Subway				
			(Firm/Company)		
	394 Mallar	d Point			
			(Address)		
	Jupiter, FL	. 33458			
		(Cit	y/State and Zip Code)	
For fu	rther information of	concerning this matter, pleas	e call:		
Rud	ly Lefeld		at (_561	747-782	lephone Number)
-	(Name	of Person)	(Area Code	& Daytime Te	lephone Number)
Enclo	sed is a check for	r the following amount:			
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding cutive Center	s

Effective Date 06/01/08

RIICLES OF ORGANIZATION FOR FL	ORIDA LIVITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	-
Subway # 1443, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Rodolfo M. Lefeld	394 Mallard Point, Jupiter, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Rodolfo M. Lefeld	
Name	
394 Mallard Point	
	ress (P.O. Box NOT acceptable)
Jupiter, FL 33458	FL
City, State, an	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
R.	
Registered Agent's Signatu	re (REQUIRED) ALLAHAS
(CONTINU	SEE, FL

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:		Name and Address:	
"MGR" = Man			
"MGRM" = Ma	anaging Member		
MGR		Rodolfo M. Lefeld	
	<u> </u>	394 Mallard Point	
		Jupiter, FL 33458	
			
		-	
			
			
LE V: Effective fective date is li	e date, if other than the disted, the date must be	date of filing: 06/01/2008 especific and cannot be more th	
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.)		
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.)		
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.)		
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE:	e specific and cannot be more the	an five business days
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE:		an five business days
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sections)	e specific and cannot be more the company of an authorized representative of a tion 608.408(3), Florida Statutes, the extutes an affirmation under the penalties	an five business days a member. xecution
	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constitution)	e specific and cannot be more the company of an authorized representative of a tion 608.408(3). Florida Statutes, the extutes an affirmation under the penalties erein are true.)	an five business days a member. xecution
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constituted that the facts stated he Rodolfo M. Le	e specific and cannot be more the company of an authorized representative of a tion 608.408(3). Florida Statutes, the extutes an affirmation under the penalties erein are true.)	an five business days a member. xecution of perjury
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constituted that the facts stated he Rodolfo M. Le	e specific and cannot be more the ror an authorized representative of a tion 608.408(3). Florida Statutes, the estates an affirmation under the penalties erein are true.)	an five business days a member. xecution of perjury
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constituted that the facts stated he Rodolfo M. Le	e specific and cannot be more the ror an authorized representative of a tion 608.408(3). Florida Statutes, the estates an affirmation under the penalties erein are true.)	amember. xecution of perjury TALLA
LE V: Effective fective date is lidays after the constant of the feet of the f	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated he Rodolfo M. Le Types:	ror an authorized representative of a tion 608.408(3), Florida Statutes, the extutes an affirmation under the penalties erein are true.) feld ded or printed name of signee	amember. xecution of perjury TALLA
LE V: Effective fective date is lidays after the construction of the feet state of t	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated he Rodolfo M. Le Types: Fee for Articles of Organ gistered Agent	ror an authorized representative of a tion 608.408(3), Florida Statutes, the extutes an affirmation under the penalties erein are true.) feld ded or printed name of signee	an five business days a member. xecution of perjury TALLAHASSEE.
LE V: Effective fective date is li days after the o REQUIRED S Filing Fee \$125.00 Filing of Re \$ 30.00 Certif	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated he Rodolfo M. Le Types:	e specific and cannot be more the control of a specific and cannot be more the control of a specific and authorized representative of a statutes an affirmation under the penalties erein are true.) feld ded or printed name of signee	an five business days a member. xecution of perjury TALLAHASSE