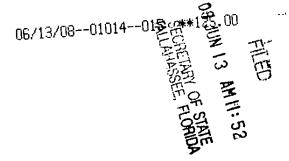
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing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

Office Use Only



800131191618



M. Thomas JUN 16 2008

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VITO VERZURA LUC.  (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:
VITO VERZURA (Name of Person)
(Name of Person)
08
(Firm/Company)
(Firm/Company)  (Firm/Company)  (Address)  (Address)  (City/State and Zin Code)
(Address)
W. Mi Ami, Fc. 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
V:To $\sqrt{\text{ERZURA}}$ at $(305)$ $932$ - $1888$ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ 130.00 Filing Fee & \tag{130.00 Filing Fee & \tag{20.00 Filing Fee & \tag{2
Mailing Address Street/Courier Address  Registration Section Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
(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:			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
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:			
The name and the Florida street address of the registered agent are:			
VITO VERZURA Name			
21490 W. Ditie Hay			
Florida street address (P.O. Box NOT acceptable)			
City, 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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM" = Managing Member	VITO VERZURA ZOBBS NE 31 ST. PLACE AVENTURA FC. 33180
<del></del>	
· 	PA III: 52
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	nte of filing: (OPTIONAL)  pecific and cannot be more than five business days prior
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.)

 $\frac{\sqrt{ERZURA}}{\text{Typed or printed name of signee}}$ 

### 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)