

LD8000067031

(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:

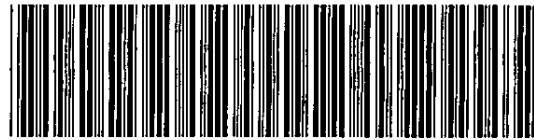
LLC

Office Use Only

G. MCLEOD

JUL 11 2008

EXAMINER



900132314039

07/10/08--01023--005 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUL 10 PM 12:00

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORSETTI LAND MAINTENANCE 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:

PAUL J. CORSETTI  
(Name of Person)

CORSETTI LAND MAINTENANCE LLC  
(Name of Firm)

1218 GWALTNEY PLACE  
(Address)

DOVER, FL 33527  
(City, State and Zip Code)

For further information concerning this matter, please call:

PAUL J. CORSETTI at (813) 477-4219  
(Name of Person) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee<br>& Certificate Status | <input type="checkbox"/> \$155.00 Filing Fee<br>& Certified Copy<br>(additional copy is<br>enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status<br>& Certified Copy<br>(additional copy is<br>enclosed) |
|---|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

CORSETTI LAND MAINTENANCE LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1218 GWALTNEY PLACE

DOVER, FL 33527

**Mailing Address:**

1218 GWALTNEY PLACE

DOVER, FL 33527

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

PAUL J. CORSETTI

Name

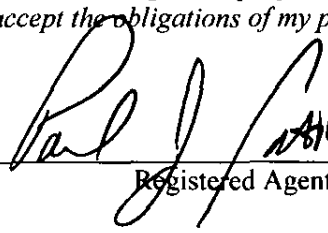
1218 GWALTNEY PLACE

DOVER, FL 33527

08 JUL 10 PM12:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

*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

(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

PAUL J. CORSETTI

1218 GWALTNEY PLACE

DOVER, FL 33527

MEMBER

DENISE L. CORSETTI

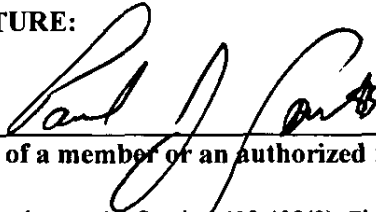
1218 GWALTNEY PLACE

DOVER, FL 33527

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

PAUL J. CORSETTI

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)