· (R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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TO:	Registration Division of C	Section Corporations		
SUBJI	ЕСТ:	Club Statu (Name of Limited	S_LLC Liability Company)	
The en	closed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please	return all corre	spondence concerning this matter	to the following:	
		Giancarlo	Cangelosi lame of Person)	
		Club Status		
			Fumer Circle (Address)	
		Tallahassee,		······································
For fur	ther information	n concerning this matter, please c	ali:	
<u>Gia</u>	ncarlo (Nan	Canaciosi and a conferment of Person)	at (954) 328 (Area Code & Daytime Te	S - 8250 lephone Number)
_		for the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Q Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		,
The name of the Limited Liability Company is:		
Club Statu (Must end with the words "Limited Liabili	is, LLC	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
3001 N. Fulmer Circle Talianassee, FL 32303	<u>Same</u>	
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Si ered Agent. You must designate an individua	ignature: il or another
The name and the Florida street address of the re	egistered agent are:	
<u>Giancario</u>	Canaciosi	
Name	J	
3061 N. Fu	ress (P.O. Box <u>NOT</u> acceptable)	
•		
Tallahassec City, State, as	<u>FL 32303</u> nd Zip	
Having been named as registered agent and to a 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 accept the obligations of my position as regis	his certificate, I hereby accept the configuration. I further agree to comply with the formance of my duties, and I am fortered agent/as provided for in Cha	appointment as e provisions of all amiliar with and pter 608, F.S.
Registered Agent's Signatu	ure (REQUIRED)	BOIC -
(CONTINU	,	

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
morm	Karen Cangelosi 1262 NW 141st Avenue Pembroke Pines, FL 33028
MGRM	Giancarlo Cangelosi 3061 N. Fulmer Circle Tallahassec, FL 32303
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spaced to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE: White the second	gan authorized representative of a member.
of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) O () () () () () () () () () (

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)

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