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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
(1)08000	04741	4

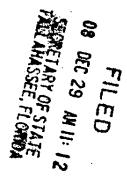
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Office Use Only



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D. BRUCE

DEC 3 0 2008

**EXAMINER** 

### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT:	SAMPAR AD ME	WORA LLC	
	(Name of Limit	ted Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	BRIAN I	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
	2647	FRANCES SMAN	
		(Address)	SE 75
	BRUMAN	(Address)  (Address)  ty/State and Zip Code)	E 200 €
	(Ci	ty/State and Zip Code)	33 =
			至而. 72
For further information	concerning this matter, pleas	se call:	
Burn Can	(Citizan)	at 347 \ 96/~	4434
(Name	of Person)	at ( <u>147</u> ) <u>86/-</u> (Area Code & Daytime Telep	phone Number)
Enclosed is a check for	or the following amount:		
-	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
ALPKANY	PROVIDED - SHE	AMACUNIO	(additional copy is enclosed)
V	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2008

BRIAN F. CALIFANO 2647 FRANCES STREET BELLMORE, NY 11710

SUBJECT: LUCKY SEVEN LLC Ref. Number: W08000047414

OB DEC 29 AN II: 12

We have received your document for LUCKY SEVEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 908A00053855

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

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
(Must end with the words "Limited Liab	4 LLC " or "LLC")
(Must end with the Words Elimited End	miny company, B.B.C., or BBC.
ARTICLE II - Address:	
The mailing address and street address of the	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
180 NG 6 n Albruk Durany Bascu FL 33483	BELLEISME NY 11710
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
$\sim$	us 204 LLC SERY 2
	THE SOL
7912 Courses Se	MN6 CIACLE SciTE 204 ddress (P.O. Box NOT acceptable)
BOYNEON PRINCIPLY City, State	FL 37463 , and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al- performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE\_0/-01-09

ATTACHOUN

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	Name and Address:  Member
(Use attachment if necessary ARTICLE V: Effective date, if (If an effective date is listed, the to or 90 days after the date of the state of the sta	f other than the date of filing: 01-01-09. (OPTIONAL) ne date must be specific and cannot be more than five business days prior
REQUIRED SIGNAT	ture of a member or an authorized representative of a member.
(In ac	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
<del>-/</del>	Bray C. Grano Typed or printed name of signee
Filing Fees:	Si na M
	Articles of Organization and Designation
of Registered \$ 30.00 Certified Copy	

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

## Attachment to Article IV - Managers of LLC

<u>Title</u>	<u>Name</u>	Address
Manager	Brian F. Califano	2647 Frances Street, Bellmore, NY 11710
Manager	Louis Faiella III	296 Bayview Avenue, Massapequa, NY 11758
Manager	Louis S. Faiella	3086 Susan Road, Bellmore, NY 11710
Manager	Marc Kaplan	2956 Wilson Avenue, Wantagh, NY 11793
Manager	Russell Kaplan	3136 Lydia Lane, Bellmore, NY 11710
Manager	Anthony Sampino	55 West Lane, Bay Shore, NY 11706
Manager	John Vullo	35 Garnier Lane, Bay Shore, NY 11706

