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SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE
FEB 13 2009

EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

]	Division of Corporations	
SUBJEC	CT: Rubino Property Group 1	- <u></u>
	(Name of Limited Liability Company)	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Therese Mulholland (Name of Person)	
	(Name of Person)	· ·
	Voice Solutions	
_	Voice Solutions (Firm/Company)	
	4525 14045 Ave. N (Address)	
	(Address)	
	Clearwater, FL 337 (City/State and Zip Code)	742 TALL
	(City/State and Zip Code)	FEB REI AH
For furthe	er information concerning this matter, please call:  erese Mulholland at (727) 54  (Name of Person) (Area Code & Daytime	SECRETARY OF STATE ALLIAHASSEE, FLOORID G. Telephone Number)
The	erese Mulholland at 727 54	3-9658
	(Name of Person) (Area Code & Daytime	e Telephone Number)
Enclosed	d is a check for the following amount:	
<b>\$125.00</b>	O Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Cen	tions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

• • •		
Rubino Propers  (Must end with the words "Limited L	ty Group LLC  iability Company, "L.L.C.," or "LLC.")	
(**************************************	,,,,	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12822 Sarah Lane	12822 Sarah Lane Largo, FL 33773	
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another	
The name and the Florida street address of the	he registered agent are:	
Therese M	Ulholland AHAT FEB T	
Na	ame SSA 7	
4525 140 th		
Florida street	t address (P.O. Box NOT acceptable)	
	12 33/P = Sm N	
City, Sta	ate, 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)

## 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 Mem	Name and Address:
MGRM	CRAIG M RUBINO 12822 Sarah Lane Largo, FL 33773
(Use attachment if necessary	y)
RTICLE V: Effective date, if other is an effective date is listed, the date or 90 days after the date of filing.	tr than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior .)
REQUIRED SIGNATURE	AX T
Signature o	of a member or an authorized representative of a member.
of this docu	of a member or an authorized representative of a member.  The section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
	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)