L09000018743

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





500144160155

02/24/09--01037--022 **160.00

SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

FEB 2 5 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	FCT•	Bookke	eeper Pros,	LLC	
5000	EC1	(Name of Limit	ed Liability Compa	any)	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing	g.	
Please	return all corresp	condence concerning this matt	ter to the following	;	
		Marc C	hiurato	4	
			(Name of Person)		
		Bookke	eper Pros,	LLC	
			(Firm/Company)		
		116 Ad	obe Circle		
			(Address)	· · · · · · · · · · · · · · · · · · ·	
		Jupiter,	Florida 334	458	
		(Cit	y/State and Zip Code	·)	
For fu	ther information	concerning this matter, please	e call:		
Mar	c Chiurato		_ _{at} _ 561	<u>348-444</u>	11
	(Name	of Person)	(Area Cod	e & Daytime Te	lephone Number)
Enclo	sed is a check fo	or the following amount:			
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporation duilding ecutive Center see, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	nme:			
	Limited Liability Com	pany is:		
Bookkeeper				
(N	Aust end with the words "Lim	ited Liability Compar	y, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	ddress: ess and street address of	of the principal of	office of the Limited I	Liability Company is:
Principal Office	Address:	<u>Mailir</u>	g Address:	
116 Adobe Circle		116 Ad	obe Circle	
Jupiter, FL 33458		Jupiter,	FL 33458	
The Limited Liability business entity with ar	Registered Agent, Registered Agent, Registered Agent, Registration active Florida registration.) Florida street address Marc Chiurato	own Registered Agent	. You must designate an ind	
		Name		
	116 Adobe Circ	cle		
	Florida	street address (P.O.	Box NOT acceptable)	
	Jupiter	FL	33458	
	Cit	y, State, and Zip		
liability comp registered agent statutes relating	ned as registered agent any at the place design and agree to act in this g to the proper and con ligations of my position Registered Agen	ated in this certif capacity. I furth uplete performan	icate, I hereby accept er agree to comply wi ce of my duties, and I d ent as provided for in	the appointment as th the provisions of all am familiar with and

(CONTINUED) Page 1 of 2 SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 16N 21. AN IO. 10

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

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

116 Adobe Circle Jupiter, FL 33458
Jupiter, FL 33458
ate of filing: (OPTIONA
specific and cannot be more than five business day

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.)

Marc Chiurato

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)