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(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:	
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B. KOHR

EXAMINED

COVER LETTER

TO: Registration : Division of C			
SUBJECT: Vince	nt Citrullo LLC		
SUBJECT:		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
Vincent C	itrullo III		
-	(Name of Person)	
1844-1844-1844-1844-1844-1844-1844-1844		(Firm/Company)	411. 6
7465 nw	1st Manor		JARR-12 AM 10: 45
		(Address)	72 1
Plantation	n FL 33317		THE STATE OF THE S
-	(City	/State and Zip Code)	On to
For further information	concerning this matter, please	call:	P
Vincent Citrull	0	at (954) 732-194	17
(Nam	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check f	or the following amount:		
▼\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 6	3

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Vincent Citrullo LLC	
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7465 NW 1st Manor	7465 NW 1st Manor
Planation FL 33317	Plantation FL 33317
The name and the Florida street address of the Vincent Citrullo III Nam	APR F
7465 NW 1st Mano	or 用量 E
	address (P.O. Box NOT acceptable)
Plantation	FL 33317
City, State	e, 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	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all 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)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGR	Vincent Citrullo III
	7465 NW 1st Manor
	Plantation FL 33317
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing: (OPTIONA
ffective date is listed, the date I	must be specific and cannot be more than five business day
days after the date of filing.)	
DECLIBED GONATURE	
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.)

Vincent Citrullo III

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)