## L09000045898

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

Office Use Only



100152672541

05/04/09--01056--005 \*\*180.08

FILEU 2009 MAY II AM 10: 54 SECRETARY OF STATE

C. LEWIS

MAY 11.2009

EXAMINER

## COVER LETTER.

ТО: •	Registration Section Division of Corporations
SUBJE	RICARDO FELICIANO LLC
30131	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	RICARDO FELICIANO
	(Name of Person)
	(Firm/Company)
	5321 NW 29TH COURT
	(Address)
	MARGATE, FLORIDA 33063
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
RIC	ARDO FELICIANO (1/2) 561 (543-8546)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
<b>\$12</b> 5.	.00 Filing Fee ! ]\$130.00 Filing Fee & Status   Status   Status   Status   Certificate of Status   Certified Copy   Certified
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



May 5, 2009

RICARDO FELICIANO 5321 NW 29 COURT MARGATE, FL 33063

SUBJECT: RICARDO FELICIANO LLC

Ref. Number: W09000021154

We have received your document for RICARDO FELICIANO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 509A00015169

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RICARDO FELIC  (Must end with the words "Limited Liabili	IANO LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5321 N.W. 29TH COURT MARGATE, FLORIDA 33063	5321 N.W. 29TH COURT MARGATE, FLORIDA 33063
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent, You must designate an individual or another
The name and the Florida street address of the re	
RICARDO FE	ELICIANO ES T
Name	TH COURT  Box NOT acceptable)  LCC ARE TARY OF SECOND SECO
5321 N.W. 29T	'H COURT
Florida street address (P.O.	Box NOT acceptable)
MARGATE	H COURT  Box NOT acceptable)  FL 33063  ARCHARACTER STATES OF STAT
City, State, an	id Zip
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 service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

## Page 1 of 2

<u> Fitle:</u>	anaging Member(s): ager or Managing Member is as fo  Name and Address:	SECRETARY OF S TALLAHASSEE.FI
'MGR" = Manager	Name and Address.	Men
'MGRM" = Managing Member		
MGR	RICARDO FELICIANO	
	5321 N.W. 29TH COURT	
	MARGATE, FLORIDA 33	
	<del> </del>	<u> </u>
Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing:	(OPTIONAL)
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more th	an five business days pri
uays after the date of filing.)		
REQUIRED SIGNATURE:	1 14.	
REQUIRED SIGNATURE:	I falia	
K	ber or an authorized representative of	a member.
Signature of a mem (In accordance with:	section 608.408(3), Florida Statutes, the constitutes an affirmation under the penaltic	execution
Signature of a mem  (In accordance with a of this document contains a signature of the s	section 608.408(3), Florida Statutes, the constitutes an affirmation under the penaltic	execution

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)