

LD90000160266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

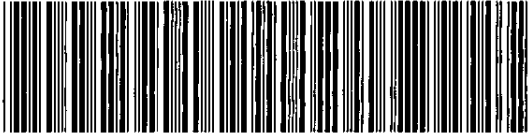
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W09000025266

Office Use Only

EFFECTIVE DATE 6/01/09



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05/28/09--01022--023 \*\*160.00

FILED  
09 MAY 28 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 22 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Conte Property Services ltd co**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Nicholas Conte**  
Name of Person

**Conte Property Services ltd co**  
Firm/Company

**3510 Magnolia Ridge Circle Ste 505**  
Address

**Palm Harbor, Fl. 34684**  
City/State and Zip Code

**contenicholas@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Nicholas Conte** at ( **727** ) **916-0242**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2009

NICHOLAS CONTE  
3510 MAGNOLIA RIDGE CIRCLE STE 505  
PALM HARBOR, FL 34684

SUBJECT: CONTE PROPERTY SERVICES LTD CO  
Ref. Number: W09000025266

We have received your document for CONTE PROPERTY SERVICES LTD CO and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must include the word "Liability" in company name. LTD LIBILITY CO,

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: 809A00018194

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TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Conte Property Services Ltd Liability Co.

(Must end with the words "Limited Liability 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:**

3510 Magnolia Ridge Circle  
Ste 505  
Palm Harbor, FL 34684

3510 Magnolia Ridge Circle  
Ste 505  
Palm Harbor, FL 34684

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or both a business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Nicholas Conte

Name

3510 Magnolia Ridge Circle Ste 505

Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor FL 34684

City, State, and Zip

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*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)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Nicholas Conte

3510 Magnolia Ridge Circle Ste 505

Palm Harbor, Fl. 34684

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 01, 2009. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Nicholas Conte

\_\_\_\_\_  
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)

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