

L090000060757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

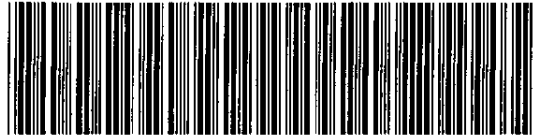
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN 23 2009

EXAMINER



WEGMAN  
HESSLER &  
VANDERBURG

Keith A. Vanderburg

*Legal Professional Association*  
6055 Rockside Woods Boulevard, Suite 200  
Cleveland, OH 44131  
Telephone: (216) 642-3342  
Facsimile: (216) 642-8826  
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Partner  
kavanderburg@wegmanlaw.com

June 18, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Re: Filing Articles of Organization for Florida Limited Liability Company  
19961-26 Barletta Lane, LLC

Dear Sir or Madam:

Enclosed herewith is Articles of Organization for Florida Limited Liability Company for 19961-26 Barletta Lane, LLC, along with our check in the amount of \$125 for the filing fee. Once the filing process is complete, please return to me a file stamped copy. An extra copy is enclosed for your use.

Please contact me immediately if you require anything further or have any questions.

Very truly yours,

WEGMAN, HESSLER & VANDERBURG

Keith A. Vanderburg

KAV/td

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 19961-26 Barletta Lane, LLC**  
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:

\_\_\_\_\_  
Name of Person  
**Keith A. Vanderburg**

\_\_\_\_\_  
Firm/Company  
**Wegman, Hessler & Vanderburg**

\_\_\_\_\_  
Address  
**6055 Rockside Woods Boulevard, Suite 200**

\_\_\_\_\_  
City/State and Zip Code  
**Cleveland, OH 44131-2302**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)  
**kavanderburg@wegmanlaw.com**

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person  
**Keith A. Vanderburg**

at ( 216 ) \_\_\_\_\_  
Area Code & Daytime Telephone Number  
**642-3342**

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

19961-26 Barletta Lane, LLC

(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:**

28940 Bermuda Pointe Circle  
Unit 203  
Bonita Springs, FL 34134

28940 Bermuda Pointe Circle  
Unit 203  
Bonita Springs, FL 34134

**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 another business entity with an active Florida registration.)

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

Anthony W. Zarlenga

Name

28940 Bermuda Pointe Circle, Unit 203

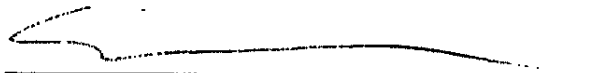
Florida street address (P.O. Box **NOT** acceptable)

Boneta Springs, FL 34134

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

Anthony W. Zarlenga  
28940 Bermuda Pointe Circle, Unit 203  
Boneta Springs, FL 34134

MGR

Duane V. Kemenyes  
6380 Timberlane Drive  
Independence, OH 44131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Duane V. Kemenyes  
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.)

Duane V. Kemenyes

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)**