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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Quaintage Fuelt, Name)	
(Business Entity Name)	•
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09 JUN 29 PH 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

JUL 0 2 2009

**EXAMINER** 

# **COVER LETTER**

SUBJECT:	Anthony N. G	iovanni & Associates, L.L.C.	
SUBJECT.		ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Jef	frey J. Lombard	,
		Name of Person	
			Pur O
		Firm/Company	09 JUN 29 SECRETARY
	5111 H	langing Moss Lane	N 2:
		Address	
	Saras	ota, Florida 34238	E.F.S.
_		ty/State and Zip Code	PATE ORIE
		oard69@comcast.net	DE - W
For ford on the control	•	·	
For further informati	on concerning this matter, pleas	e caii:	
	ey J. Lombard	at ( 941 ) 925-5806	
Na	ne of Person	Area Code & Daytime Telephone Number	er
Enclosed is a check	for the following amount:		
	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy 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 - Nan	ne:			
The name of the Li	mited Liability Company is	<b>:</b>		
At	nthony N. Giovanni &	Associates, L.L.C.		
(Mu	st end with the words "Limited Liab	ility Company," "L.L.C.," or "LI	_C.")	
ARTICLE II - Ad	dress:			
The mailing addres	s and street address of the p	orincipal office of the Lin	nited Liability Company is:	
Principal Office A	ddress:	Mailing Address:		
5111 Hanging Mo		5111 Hanging Moss	Lane	
<u>Sarasota, Florida</u>	34238	Sarasota, Florida 3	4238	
(The Limited Liability Co business entity with an a	egistered Agent, Registere ompany cannot serve as its own Registive Florida registration.)  Florida street address of the  Jeffrey J.  Name  5111 Hanging	stered Agent. You must designate registered agent are:  Lombard	e an individual or another  SECKETARY OF	ロ = ロ フ
	Florida street address (P.C		(m)	_
	Sarasota, Florida 3423	8 <sub>FL</sub>	53 ATE DRIDA	
	City State	and Zin	_	

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..

(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:

"MGR" = Manag "MGRM" = Man		Name and Address:			
MGR	_	Jeffrey J. Lombard 5111 Hanging Moss Lane Sarasota, Florida 34238			
<del></del>					
(Use attachment  ARTICLE V: Effective		ate of filing: (0	OPTION	NAL)	
	ted, the date must be s	specific and cannot be more than five bu	siness da	ays pr	ior
<u>REQUIRED</u> SIG		or an appropriate of a member.			
	(In accordance with section of this document constitute that the facts stated herei	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury n arc true.)	TALLAH	09 JUN 29	<u>_1</u> _1
		effrey J. Lombard	AS.	2	
Filing Fees:		d or printed name of signee	338 7		المحامما ا
\$125.00 Filing I of Reg \$ 30.00 Certific	See for Articles of Organization of Corganization of Corganization (Copy (Optional)	zation and Designation	JF STATE FLORIDA	PM 1:53	
\$ 5.00 Certific	ate of Status (Optional)		**		