L09000064814

(Re	equestor's Name)	
(Ad	dress)	
(Àd	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT .	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!
		:

Office Use Only



500157676305

- 07/06/09--01032--009 | **160.00 \

09 JUL -6 AM 9: 3
SECRETARY OF STAT
TALLAHASSEE, FLORE

B. KOHR

JUL 8 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division o	f Corporations		
SUBJECT:	Famigli	a Investments, L.L.C	
30 63EC1		ed Liability Company	- 1/2 - 1/2
The enclosed Articl	les of Organization and fee(s) are	submitted for filing.	
Please return all con	rrespondence concerning this mat	ter to the following:	1 700
	N	atalie Heeley	
		Name of Person	1000
	•		SER SER
	, , ,	Firm/Company	1202
	19513 French Lace Drive		
		Address	V _i
	L	utz, FL 33558	
	Cit	y/State and Zip Code	
	nh(6224@msn.com	
		for future annual report notification)	
For further informa	tion concerning this matter, please	e call:	
N	latalie Heeley	at (813) 9	26-1691
N	ame of Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	ck for the following amount:		
]\$125.00 Filing F	ee \$\int\\$130.00 Filing Fee &]\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	.
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Famiglia Investm (Must end with the words "Limited Liability	ents, LLC ty Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
19513 French Lace Drive Lutz, Florida 33558	19513 French Lace Drive Lutz, Florida 3358	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Natalie Ho	eeley	
Name	SSE A	
19513 French I		
Florida street address (P.O.)	Box NOT acceptable)	
Lutz, FL 33558	<u>FL</u>	
City, State, an	d 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 as certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.	
Registered Agent's Signatu	o Qo, ire (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 "MGRM" = Managing	Name and Address: ember
MGR	Natalie Heeley 19513 French Lace Drive Lutz, FL 33558
(Use attachment if nece	ary)
	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ng.)
REQUIRED SIGNAT	RE:
Signa	e of a member or an authorized representative of a member.
of thi	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
Filing Fees:	Natalie Heeley Typed or printed name of signee
	ticles of Organization and Designation

of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)