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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 1 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Guzma	n Locaccio, LLC						
		ed Liability Compa	any)			•	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing	g.				
Please return all corresp	ondence concerning this matt	er to the following	; :				
Carlos Guz	zman						
	((Name of Person)					
Guzman Lo	ocaccio, LLC						
		(Firm/Company)					
6557Gulf (Gate Place, #261						
		(Address)			۲۲	60 60	
Sarasota,	FL 34231				AHA.	AUG	
	(City	/State and Zip Code	:)	-	SE!	<u> </u>	
For further information	concerning this matter, please	call:			OF STA	PH Z:	į
Carlos Guzman		at (941	879-646	7	DE	-	
(Name	of Person)	(Area Code	e & Daytime To	elephone Nui	mber)		
Enclosed is a check for	or the following amount:						
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	y -	Certifica Certifie	.00 Filing ate of State d Copy I copy is end	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton B 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ee. FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Guzman Locaccio, LLC		
(Must end with the words "Limited	Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:		
	treet address o	of the principal office of the Limited Liability Company is:
Principal Office Address	<u>:</u>	Mailing Address:
6557Gulf Gate Place, #261		Same
Sarasota, FL 34231		
· · · · · · · · · · · · · · · · · · ·		
	innot serve as its o	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida	nnot serve as its orida registration.)	
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida	nnot serve as its of ida registration.)	wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida : Carlos	nnot serve as its of ida registration.)	of the registered agent are: Name Name Name Nown Registered Agent. You must designate an individual or another Agent Agen
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida : Carlos	innot serve as its of ida registration.) street address Guzman Gulf Gate Place	of the registered agent are: Name Name Name Nown Registered Agent. You must designate an individual or another Agent Agen
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida : Carlos	innot serve as its of ida registration.) street address Guzman Gulf Gate Place Florida s	of the registered agent are: Name Dee, #261
(The Limited Liability Company cabusiness entity with an active Flor The name and the Florida: Carlos 6557 C	nnot serve as its of ida registration.) street address Guzman Gulf Gate Place Florida sota	of the registered agent are: Name De, #261 Street address (P.O. Box NOT acceptable)

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

Registered Agent's Signature (REQUIRED)

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

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

los Guzman Gulf Gate Place, #261 asota, FL 34231
Gulf Gate Place, #261
Gulf Gate Place, #261
esota, FL 34231
lling: (OPTIONA and cannot be more than five business days
. !

Signature of a member or an authorized representative of a mem

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perhaps that the facts stated herein are true.)

Carlos Guzman

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)