

LO9000084723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

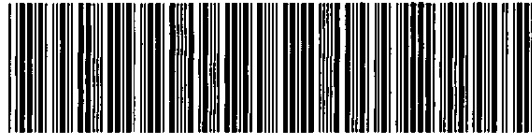
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100159050361

08/31/09--01026--014 \*\*160.00

FILED  
09 AUG 31 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

SEP - 2 2009

EXAMINER



2700 SUNTRUST FINANCIAL CENTRE  
401 EAST JACKSON STREET  
TAMPA, FLORIDA 33602-5841

(813) 222-6625  
FAX: (813) 314-6925  
ELIZABETH.DENNARD@RUDEN.COM

August 28, 2009

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
09 AUG 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Articles of Organization -UMBRIAGO, LLC

Ladies and Gentlemen:

Enclosed herewith are the original Articles of Organization with regard to the above referenced entity together with check in the amount of \$160.00 representing the following filing fees:

Filing Fee	\$100.00
Registered Agent Fee	25.00
Certificate of Status	5.00
Certified Copy of Record	30.00
	<u>\$160.00</u>

Please file the Articles of Organization upon receipt of this request and provide us with certified copy in the enclosed self-addressed return envelope. Thank you for your assistance in this regard and should you have any questions, please call me.

Sincerely,

Elizabeth S. Dennard, FRP  
Florida Registered Paralegal

/esd  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
UMBRIAGO, LLC  
a Florida Limited Liability Company**

FILED  
09 AUG 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

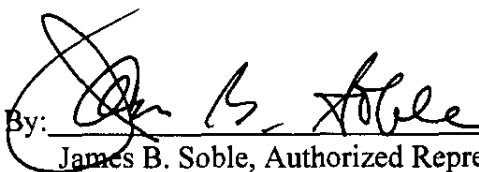
1. NAME. The name of the Limited Liability Company is UMBRIAGO, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 2996 Sandpiper Place, Clearwater, FL 33762.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is:

James B. Soble  
2996 Sandpiper Place  
Clearwater, FL 33762

The undersigned has executed these Articles of Organization on the 28 day of August, 2009.

By:   
James B. Soble, Authorized Representative

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

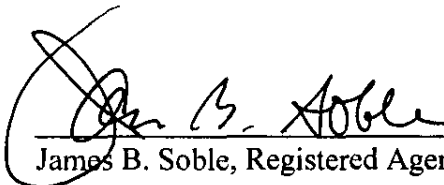
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: UMBRIAGO, LLC.
2. The name and address of the registered agent and office is:

James B. Soble  
2996 Sandpiper Place  
Clearwater, FL 33762

FILED  
09 AUG 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 its 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.*

  
James B. Soble, Registered Agent

August 28, 2009  
Date