

L0900005 90318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

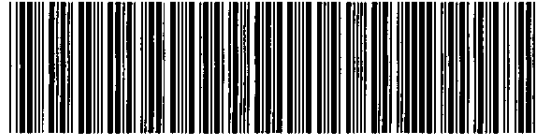
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/03/09--01025--014 **125.00

EFFECTIVE DATE

9/1/09

B. KOHR

SEP 18 2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP - 3 PM 2:20

SEP-18-2009(FRI) 09:27
Sep 18 09 08:56a

N. MICHAEL KOUSKOUTIS
Pete J Mortellaro

(FAX) 727 937 5453
813-9645949

P. 003/005
P. 2



EFFECTIVE DATE 9/1/09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

PETE J MORTELLARO
14610 DARTMOOR LN
TAMPA, FL 33624

Capital Connection, Inc.
417 E. Virginia St
Ste 1 Tallahassee FL

SUBJECT: PANAMA EXPRESS, LLC
Ref. Number: W09000040023

Change to
PANAMA DREAMS, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -3 PM 2:20

We have received your document for PANAMA EXPRESS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 409A00029625

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PANAMA DREAMS, L.L.C.

EFFECTIVE DATE

9/1/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP - 3 PM 2:20

Signature

Requested by: SETH

09/18

11:00

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

EFFECTIVE DATE 9/1/09

TO: Registration Section
Division of Corporations

SUBJECT: PANAMA EXPRESS, 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:

Pete J Mortellaro

Name of Person

Mortellaro Holdings, Inc

Firm/Company

14610 DARTMOOR LN

Address

TAMPA, FL 33624

City/State and Zip Code

Pmort269@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pete J. Mortellaro

Name of Person

at (813) 453-8818

Area Code & Daytime Telephone Number

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

FILED
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DIVISION OF CORPORATIONS
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EFFECTIVE DATE 9/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PANAMA DREAMS, L.L.C.

(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

Principal Office Address:

14610 DARTMOOR LN.
TPA, FL. 33624

Mailing Address:

14610 DARTMOOR LANE
TPA, FL. 33624

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:

Pete J. Martellaro

Name

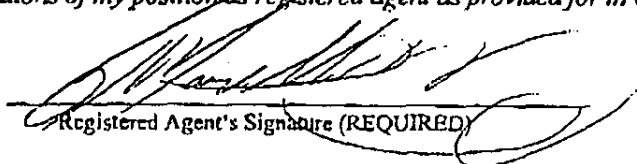
14610 DARTMOOR LANE

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

TAMPA, FL. 33624

City, State, and Zip

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)

FILED STATE
SECRETARY OF CORPORATIONS
09 SEP -3 PM 2:30

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:

MGRM

Mortellaro Holdings, LLC
14610 Dartmoor Lane
TPA, FL 33624

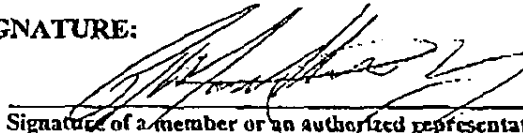
MGRM

Domenic D. Fante
4314 Harbor Watch Lane
Lutz, FL 33558

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept. 1, 2009 (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:


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.)

Pete J. Mortellaro
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)