

L09000095747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

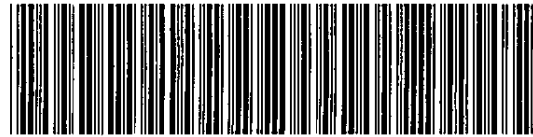
Special Instructions to Filing Officer:

A. LUNT

OCT - 5 2009

EXAMINER

Office Use Only



200161113102

10/02/09--01044--015 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT - 2 AM 10:56

FILED

TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO
NICHOLAS J. TROIANO
LAURIANE CICCARELLI

REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157

September 28, 2009

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
2009 OCT -2 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Saint George Avenue LLC

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees and the cost of obtaining a certified copy.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Lauriane Ciccarelli

LAC/mph
Enclosures

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: SAINT GEORGE AVENUE LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: P.O. Box 700606, Saint Cloud, Florida 34770-0606

b: Street Address: 2580 North Orange Blossom Trail, Kissimmee, Florida 34744

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Cory C. Tattoli

Name

2898 Canoe Creek Road

Florida street address (Post Office Box **NOT** acceptable)

Saint Cloud, Florida 34772

City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT - 2 AM 10: 56

FILED

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.

Cory C. Tattoli

Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

☐ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☒ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

Cory C. Tattoli

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.)

CORY C. TATTOLI

Typed or printed name of signee