L09000106766

(Requestor's Name) (Address) (Address)		5001	621	99045
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL		11/04/	0901016)016 ≉*125.00
(Business Entity Name)	کی داده در دستا د		٠	ar arabar sangar sa KA
(Document Number)				
Certified Copies <u>্জ প্রক</u> ১০০ Certificates of Status <u>্জিচিক্তি</u> সন্ত	·		, , , **	ZNOS TALL
Special Instructions to Filing Officer:	7 er 1 may 1		·	NOV-4 AM 11: 25 CRETARY OF STATE LAHASSEE, FLORIDA

Office Use Only

C. LEWIS
NOV 5 2009
EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	Victor GRO	affeo Agency LLC	
		Name of Limit	ted Liability Company	
		•	·	
The end	closed Articles of (Organization and fee(s) are	submitted for filing.	
Please	return all correspor	ndence concerning this mat	ter to the following:	
			Weba ERAHEO	
•			Name of Person	
		Vic	tox bentheo Agency LLC. Firm/Company	
•			Firm/Company	
			8461 Lake Worth Rd Ste 172	
•			Address	
			Lake Worth, FL. 33467	
•			ty/State and Zip Code	
_		V	Grafko@ concast, net for future annual report notification)	
		E-mail address: (to be used	for future annual report notification)	
For fur	ther information co	oncerning this matter, pleas	e call:	
	VICTOR	GRANEO	at (<u>561</u>) <u>909 -52 72</u> Area Code & Daytime Telephone Number	,
	Name of	Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for	the following amount:		
⊠ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
		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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e: nited Liability Company i	is:	•
	V 1 - A . 10	1	
	Victor GRAFEO	Agency LLC.	<u></u>
(Must	end with the words "Limited Lia	ability Company," "L.L.C.," or "LLC."	')
ARTICLE II - Add			
The mailing address	and street address of the	principal office of the Limite	ed Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
8461 Lake	Horth Rd. Ste 172	SUME	Y
Lake Worth,	Nbxth Rd. Stc 172 FL. 33467		
(The Limited Liability Combusiness entity with an act	npany cannot serve as its own Re	red Office, & Registered Ag gistered Agent. You must designate an e registered agent are:	
			20 至三
	Nan	me	ASS ASS
_	8461 Luke	ne North Rd Stell2	AMII: 25
_		.O. Box NOT acceptable)	别识
_	Lake Worth	FL 33467 e, and Zip	
	City, State	e, and Zip	
_	y at the place designated i	to accept service of process for in this certificate, I hereby acce city. I further agree to comply	ept the appointment as

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Mar The name and address of each Mana		ollows: 2009 NOV -4 ATI
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF ST TALLAHASSEE, FL
MGRM - Managing Member	Victor Graffeo	
	8461 Lake Worth Lake Worth, FL.	Rd Ste 172 33467
	24/12 100(717)72	
(Use attachment if necessary)	-	
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)		
REQUIRED SIGNATURE:	A	
Signature of a memb	er of an authorized representative of	a member.
(In accordance with se of this document cons that the facts stated he		execution es of perjury
· · · · · · · · · · · · · · · · · · ·	Victor 6 RAFFEO yped 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)