

L09000114251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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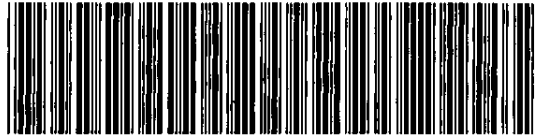
(Business Entity Name)

(Document Number)

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Effective Date 11/23/09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYP, LLC
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip F. Lupo
Name of Person

FYP, LLC
Firm/Company

319 S. Washington Avenue, Suite 102
Address

Titusville, FL 32794
City/State and Zip Code

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

For further information concerning this matter, please call:

Philip F. Lupo at (321) 267-0600
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is **FYP, LLC**.

ARTICLE II - Address:

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

Principal Office Address:

319 South Washington Avenue
Suite 102
Titusville, Florida 32796

Mailing Address:

319 South Washington Avenue
Suite 102
Titusville, Florida 32796

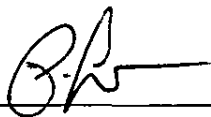
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Philip F. Lupo
319 South Washington Avenue
Suite 102
Titusville, Florida 32796

Effective Date 11/23/09

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.



PHILIP F. LUPO
Registered Agent

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

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

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Philip F. Lupo (98%) 319 South Washington Avenue Suite 102 Titusville, Florida 32796
MGRM	Robert P. Lupo (1%) 29 Oceanview Drive Mastic Beach, New York 11951
MGRM	Lawrence A. Lupo (1%) 2086 Hillside Avenue Bellmore, New York

ARTICLE V: Effective date, if other than the date of filing: Nov. 23, 2009

REQUIRED SIGNATURE:



PHILIP F. LUPO

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