

W0000030052

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000061601 3)))



H100000616013ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LESLIE ROBERT EVANS & ASSOCIATES, P.A.
Account Number : 105260003565
Phone : (561) 832-8288
Fax Number : (561) 832-5722

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: espump@aol.com

FLORIDA LIMITED LIABILITY CO.
3D 2010, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

MAR 19 2010 Help

EXAMINER

RECEIVED
10 MAR 18 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
10 MAR 18 AM 9:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of this Limited Liability Company is: 3D 2010, LLC

ARTICLE II - Address:

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

Principal Office Address:

1340 South Ocean Blvd.,
Manalapan, FL 33462

Mailing Address:

1340 South Ocean Blvd.,
Manalapan, FL 33462

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 Florida street address of the registered agent are:

David Lumia
1340 South Ocean Blvd.,
Manalapan, FL 33462

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 in Chapter 608, Florida Statutes.


David Lumia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 18 AM 9:55

ARTICLE IV – Manger(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**

David Lumia
1340 South Ocean Blvd.,
Manalapan, FL 33462

MGR

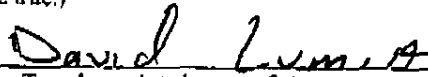
Margaret Lumia
1340 South Ocean Blvd.,
Manalapan, FL 33462

ARTICLE V: Effective date, if other than the date of filing: _____ (OPITONAL)
(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 and affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signee