

L10000030540

(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:

Office Use Only



500172011905

03/18/10--01011--007 **130.00

FILED

10 MAR 18 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 19 2009

EXAMINER

McCLAIN, SMOAK & CHISTOLINI, LLC
ATTORNEYS AND COUNSELORS AT LAW

TAMPA (813) 221-1331
FAX (813) 223-7881

320 W. Kennedy Blvd.
SUITE 600
Tampa, Florida 33606

REPLY TO:
PAUL U. CHISTOLINI

March 15, 2010

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

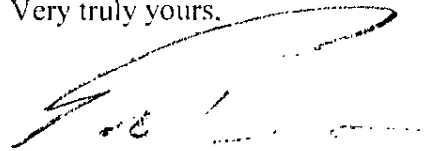
Re: Lisa A. Chistolini, LLC
Articles of Organization

Dear Sir or Madam:

The enclosed Articles of Organization for "Lisa A. Chistolini, LLC" are submitted for filing. Enclosed is a check in the amount of \$130.00 made payable to the Florida Department of State for the filing fee and a certificate of status.

Should you have any questions please, feel free to contact me at your convenience.

Very truly yours,



Paul U. Chistolini

Enclosure

FILED
10 MAR 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The Name of the Limited Liability Company is:

Lisa A. Chistolini, LLC

ARTICLE II - ADDRESS

Principal Office Address:

Lisa A. Chistolini, LLC
253 27th Street North
St. Petersburg, Florida 33713

Mailing Address:

Lisa A. Chistolini, LLC
253 27th Street North
St. Petersburg, Florida 33713

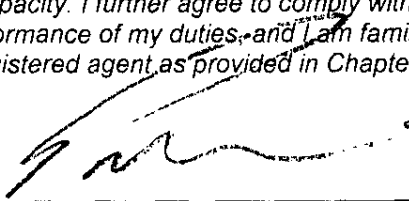
FILED
10 MAR 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

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

Paul U. Chistolini
320 W. Kennedy Blvd., Suite 600
Tampa, Florida 33606

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 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.



Registered Agent, Paul U. Chistolini

ARTICLE IV - MANAGING MEMBERS

Title: ("MGRM" = *Managing Member*) **Name and Address:**

MGRM

Lisa A. Chistolini
253 27th Street North
St. Petersburg, FL 33713

FILED
10 MAR 18 PM 2:40
CLERK OF THE COURT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - EFFECTIVE DATE

These Articles of Organization will become effective upon filing with the Secretary of State.

REQUIRED SIGNATURE:



Lisa A. Chistolini, Managing Member

(In accordance with §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)