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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: RED ISLE TECH
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

David A Matarese
Red Isle Tech
2797 Running Springs Loop
Oviedo, FL 32765

For further information concerning this matter, please call:

David A Matarese at (321) 388-2111

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Red Isle Tech, LLC

Articles of Organization

FILED

RED ISLE TECH, LLC
ARTICLES OF ORGANIZATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 20, 2010

Article I - Name

The name of the Limited Liability Company is **Red Isle Tech, LLC**.

Article II - Address:

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

Principal Office Address	Mailing Address
2797 Running Springs Loop Oviedo, FL 32765	2797 Running Springs Loop Oviedo, FL 32765

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

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

David A. Matarese
2797 Running Springs Loop
Oviedo, FL 32765

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Article IV - Managing Members

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title	Name and Address
Managing Member (MGRM)	David A. Matarese 2797 Running Springs Loop Oviedo, FL 32765
Managing Member (MGRM)	Lisa M. Matarese 2797 Running Springs Loop Oviedo, FL 32765

Article V - Effective DateThe effective date of filing is **April 20, 2010**.

SIGNATURE:



(Signed)

(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.)

DAVID A. MATARESE

Authorized representative and Managing Member