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2010 APR 26 PM (1941)
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

APR 2 7 2010

EXAMINER

*COVER LETTER

TO:	44.	Registration Section
*#	,	Division of Corporations

SUBJECT: STRAT	EGIC ADVISORS, LLC		
		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Daniel J Belli	na Jr		
		Name of Person	
		Firm/Company	
14248 SW 15	8th Path		
		Address	
Miami, Florida		10: 0.1	
DBellina1@gr		ty/State and Zip Code	
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Daniel J Bellina Jr		_at (305) 234-0003	,
Name	of Person	Area Code & Daytime Te	ephone Number
Enclosed is a check fe	or the following amount:		
□\$125.00 Filing Fce	△ \$130.00 Filing Fee & Certificate of Status	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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	าร

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mailing Address: Mailing Address: 14248 SW 158TH PATH MIAMI FL 33196 Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
Mailing Address: 14248 SW 158TH PATH MIAMI FL 33196 Office, & Registered Agent's Signature: pred Agent You must designate an individual or another.
MIAMI FL 33196 Office, & Registered Agent's Signature:
MIAMI FL 33196 Office, & Registered Agent's Signature:
Office, & Registered Agent's Signature:
ered Agent. Von must decignate an individual or another
egistered agent are: ALLAHASSEE, FLORITATE ress (P.O. Box NOT acceptable)
ress (P.O. Box NOT acceptable)
FL 33196
te, and Zip

(REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

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

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

2010 APR 26 PM # 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manager	Name and Address:	TALLAF
"MGRM" = Managing Member		
MGR	DANIEL J BELLINA JR	
	14248 SW 158 PATH	
	MIAMI FL 33196	
MGRM	ZULEMA LIMONGI	
	14248 SW 158 PATH	
	MIAMI FL 33196	
		
	-	
(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Effective date, if other than the	he date of filing:	(OPTIONA
	be specific and cannot be more than	
days after the date of filing.)		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 668.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DANIEL J BELLINA JR

Typed 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)