

L10000044703

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

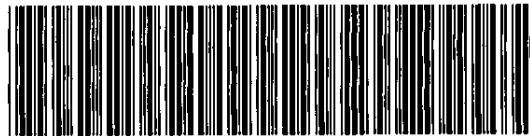
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 27 PM 3:33

B. KOHR

APR 27 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 364131 7283117

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 155.00

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DIVISION OF CORPORATIONS  
10 APR 27 PM 3:33

ORDER DATE : April 27, 2010

ORDER TIME : 1:23 PM

ORDER NO. : 364131-005

CUSTOMER NO: 7283117

DOMESTIC FILING

NAME: THE NEW TRATTORIA 13, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
THE NEW TRATTORIA 13, LLC

ARTICLE I - NAME

The name of the limited liability company is THE NEW TRATTORIA 13, LLC,  
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

8501 Placida Road  
Cape Haze, Florida 33946

Mailing Address:

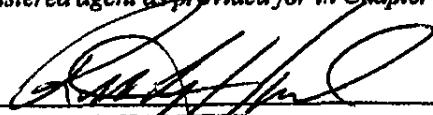
8501 Placida Road  
Cape Haze, Florida 33946

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

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

RUSSELL J. HADFIELD  
8501 Placida Road  
Cape Haze, Florida 33946

*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..*

  
\_\_\_\_\_  
RUSSELL J. HADFIELD

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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DIVISION OF CORPORATIONS  
10 APR 27 PM 3:33

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

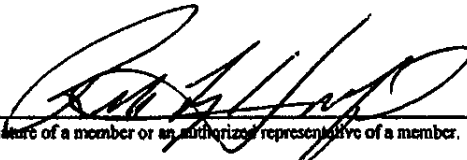
MGMR

RUSSELL J. HADFIELD  
8501 Placida Road  
Cape Haze, Florida 33946

MGMR

CATHY H. HADFIELD  
8501 Placida Road  
Cape Haze, Florida 33946

**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 an affirmation under the penalties of perjury that the facts stated herein are true.)

RUSSELL J. HADFIELD

Typed or printed name of signer

  
\_\_\_\_\_  
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 an affirmation under the penalties of perjury that the facts stated herein are true.)

CATHY H. HADFIELD

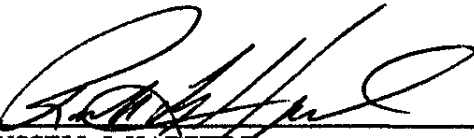
Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY THE NEW TRATTORIA 13, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is THE NEW TRATTORIA 13, LLC.
2. The name and the Florida street address of the registered agent and office are:  
RUSSELL J. HADFIELD  
8501 Placida Road, Cape Haze, Florida 33946 (Post office box is NOT acceptable.)

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, Florida Statutes.

  
\_\_\_\_\_  
RUSSELL J. HADFIELD  
Registered Agent