## L10000044743

(Requestor's Name)				
(Address)				
(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:				
Special instructions to Filing Officer.				

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APR 2 7 2010

**EXAMINER** 



## **COVER LETTER**

10.	Division of C			
SURIE	гст. Greater	r Cypress Enterprise, LL	_C.	
50001			ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	Virginia Lee	Bergantino		
			Name of Person	
	Greater Cypr	ress Enterprise, Limited L	iability Company	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6260 Pt. Milli	gan Road		
			Address	
	Quincy, Florid	da 32352		
		Cit	ty/State and Zip Code	
	tennesseerive	er@yahoo.com	for future annual report notification)	
		·	• ,	
For fun	ther information	concerning this matter, please	e call:	
Matthew Bergantino		at (850 )566-1737		
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclos	ed is a check for	or the following amount:		
<b>□\$</b> 125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & □ 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	Street/Courier Address Registration Section Division of Corporations	SEBKE

Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br/>Tallahassee, FL 32301

TO APR 27 PH 3: 48

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:	
shility Company "LLC " or "LLC")	<u> </u>
winty company, E.E.C., G. EEC.	
principal office of the Limited Liabili	ty Company is:
Mailing Address:	
6260 Pt. Milligan Rd	
Quincy, Florida, 32352	
<del></del>	
ne registered agent are:	
address (P.O. Box <u>NOT</u> acceptable)	
FL 32352	
State, and Zip	
to accept service of process for the above in this certificate, I hereby accept the appoints. I further agree to comply with the performance of my duties, and I am faming stered agent as provided for in Chapter	pointment as provisions of all uiliar with and
	principal office of the Limited Liabili  Mailing Address:  6260 Pt. Milligan Rd Quincy, Florida, 32352  red Office, & Registered Agent's Sig gistered Agent. You must designate an individual of the registered agent are:  ne  address (P.O. Box NOT acceptable)  FL 32352  State, and Zip  to accept service of process for the above on this certificate, I hereby accept the appropriate in the performance of my duties, and I am fan gistered agent as provided for in Chapter in the performance of my duties, and I am fan gistered agent as provided for in Chapter

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Matthew Vincent Bergantino
<del></del>	6260 Pt. Milligan Rd
	Quincy, Florida 32352
MGRM	Virginia Lee Bergantino
	6260 Pt. Milligan Rd
	Quincy, Florida 32352
	**************************************
<del></del>	
(Use attachment if necessary)	
	the date of filing: April 26, 2010 . (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ober or an authorized representative of a member.
<b>,</b>	/
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Virginia Lee Bergantino

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee