Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001411843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COURT ACCESS CENTERS OF AMERICA

Account Number: 075350000541 Phone

: (813)975-1333

Fax Number

: (813)875~2703

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

myrna.cardarelli@va.gov

FLORIDA LIMITED LIABILITY CO. Cardarelli Fish Place, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Ment. HAMPTON

JUN 17 20161p

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

6/16/2010

Audit # H10000141184 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Cardarelli Fish Place, LLC

The mailing address and street address of the Limited Liability Company are:

113 West Badcock Bivd. Mulberry, FL 33860

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

SECRETARY OF STATE DIVISION OF CORPORATIONS

Audit # H10000141184

ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

113 West Badcock Blvd. Mulberry, FL 33860

and the name of its registered agent at such address is:

Myrna Negron

ARTICLE VI Management

This Limited Liability Company shall have Two Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Myrna Negron, Managing Member 113 West Badcock Blvd. Mulberry, FL 33860

Michael A. Cardarelli, Managing Member 113 West Badcock Blvd. Mulberry, FL 33860

Dated: Wednesday, June 16, 2010

Myrna Negron

SECRETARY OF STATE DIVISION OF CORPORATIONS

Audit # H10000141184

ACCEPTANCE BY REGISTERED AGENT

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.

Date: June 16, 2010

10 JUN 16 AM 7:56