

L10WU105592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

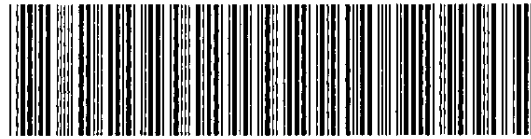
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT - 8 PM 3 25

B. KOHR

OCT - 8 2010

EXAMINER

	Advanced Incorporating Service, Inc.
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Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

10 OCT - 8 PM 3 25  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

**PICK ONE:**

\_\_\_\_ CERTIFIED COPY      \_\_\_\_ PHOTOCOPY

**FILING:**

\_\_\_\_CORPORATION    \_\_\_\_LLC    \_\_\_\_LIMITED PARTNERSHIP    \_\_\_\_GENERAL PARTNERSHIP

\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICE MARK/TRADE MARK \_\_\_\_ AMENDMENT

       FOREIGN        QUALIFICATION        JUDGMENT LIEN

OTHER

**RETRIEVAL:**

\_\_\_GOOD STANDING CERT/C.U.S. \_\_\_CERTIFIED COPY \_\_\_PHOTOCOPY.

Of \_\_\_\_\_

**APOSTILLE/CERTIFICATION REQUEST:**

Country \_\_\_\_\_

### Amount of Documents

DATE 6-1-68 TIME 11:00

Notes: \_\_\_\_\_

FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
10 OCT -8 PM 3:25

**ARTICLES OF ORGANIZATION FOR  
MATTACC FAMILY MANAGEMENT, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **MATTACC FAMILY MANAGEMENT, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **5656 Country Lakes Drive, Sarasota, Florida 34243**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

**Larry F. Mattacchione**  
**5656 Country Lakes Drive**  
**Sarasota, FL 34243**

**Shirley B. Mattacchione**  
**5656 Country Lakes Drive**  
**Sarasota, FL 34243**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

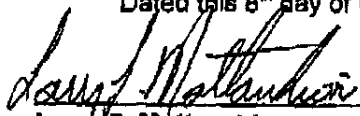
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

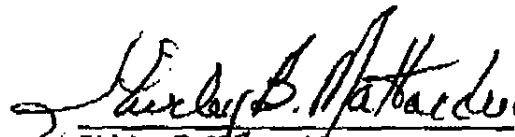
**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Members, by: **Larry F. Mattacchione and Shirley B. Mattacchione.**

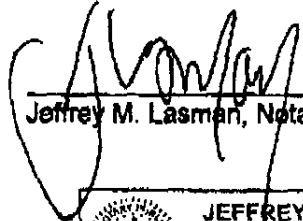
Dated this 8<sup>th</sup> day of October, 2010.

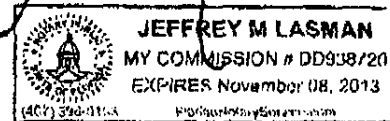
  
**Larry F. Mattacchione**  
**Managing Member**

  
**Shirley B. Mattacchione**  
**Managing Member**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of October, 2010, by **Larry F. Mattacchione** and **Shirley B. Mattacchione**, who have produced Florida Driver Licenses as identification.

  
\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public



**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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **MATTACC FAMILY MANAGEMENT, LLC**
2. The name and address of the registered agent and office is:

**Larry F. Mattacchione  
5656 Country Lakes Drive  
Sarasota, FL 34243**

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.

  
Larry F. Mattacchione

October 8, 2010  
(Date)