

L10000122620



**Oliva Tobacco Company**

GROWERS AND DEALERS OF DOMESTIC AND IMPORTED LEAF TOBACCOS SINCE 1934  
POST OFFICE BOX 2206 • TAMPA, FLORIDA 33601-2206

(Address)

(City/State/Zip/Phone #)



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TALLAHASSEE, FLORIDA

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**D. BRUCE**

NOV 29 2010

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2010

ANGEL OLIVIA III  
3104 N. ARMENIA AVE  
TAMPA, FL 33607

SUBJECT: SLEEPDREAMS DIAGNOSTICS OF TOWN AND COUNTY  
Ref. Number: W10000052418

We have received your document for SLEEPDREAMS DIAGNOSTICS OF TOWN AND COUNTY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 310A00027173

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2010

ANGEL OLIVIA III  
3104 N. ARMENIA AVE  
TAMPA, FL 33607

SUBJECT: SLEEPDREAMS DIAGNOSTICS OF TOWN AND COUNTY  
Ref. Number: W10000052418

We have received your document for SLEEPDREAMS DIAGNOSTICS OF TOWN AND COUNTY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 910A00026358

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sleepdreams Diagnostics of Town and County L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

3104 N. Armenia Ave.

Tampa, FL 33607

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Angel Oliva III

Name

3104 N. Armenia Ave.

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33607

City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Angel Oliva III  
3104 N. Armenia  
Tampa, FL 33607

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Angel Oliva III

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)

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