# L10000122620

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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):

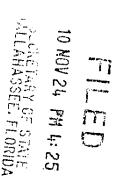
The registered agent must sign accepting the designation.

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





### 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):

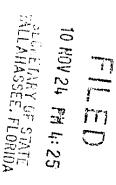
The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited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



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sleepdreams Diagnostics of Town a		···········
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
3104 N. Armenia Ave.		
Tampa, FL 33607		
		<del></del>
	egistered Office, & Registered Agent'	
the name and the Florida street address  Angel Oliva III		10 TO TO
business entity with an active Florida registration.) The name and the Florida street address		10 TO TO
business entity with an active Florida registration.) The name and the Florida street address	s of the registered agent are:  Name	10 TO TO
business entity with an active Florida registration.)  The name and the Florida street address  Angel Oliva III  3104 N. Armenia A	s of the registered agent are:  Name	10 TO TO
business entity with an active Florida registration.)  The name and the Florida street address  Angel Oliva III  3104 N. Armenia A	Name  Note:  Name  Note:  Note	10 TO TO
business entity with an active Florida registration.)  The name and the Florida street address  Angel Oliva III  3104 N. Armenia A  Florida	s of the registered agent are:  Name  Ave.	FILED  10 NOV 24 PM 4: 2  ALLAHASSEE, FLORI

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Angel Oliva III 3104 N. Armenia Tampa, FL 33607
(Use attachment if necessary)  TCLE V: Effective date, if other than the a effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL)  e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	mg/Olurate
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inforr	3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Angel Oliva III	
Ту	ped or printed name of signee
Filing Fees:	DA DA

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

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