

L10000123149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

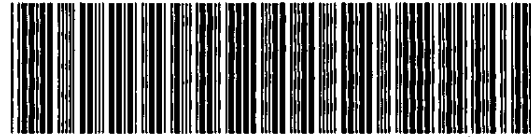
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 NOV 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 30 2010

EXAMINER

SACHS SAX CAPLAN

ATTORNEYS AT LAW

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FRANK A. BARBIERI, JR. ESQ.
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M:\Frank Barbieri\K Drive\Estate Planning, Nuptial Agreements .EPI\Capodilupo Summer.L0801106FB Francis Capodilupo and Sandra Sommer.EPL\to Division of Corporations with LLC Articles. 112410.wpd

November 24, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
10 NOV 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: MANAGEMENT TRUST SERVICES, LLC

Dear Sir/Madam:

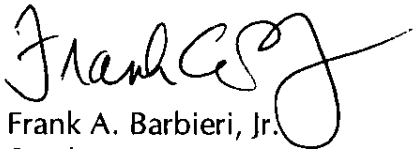
Enclosed find an original and one copy of the Articles of Organization for the above-referenced limited liability company to be filed together with our check made payable to the Department of State in the amount of \$160.00 to cover the following fees:

\$125.00	Filing Fee
\$ 30.00	Certified Copy
\$ 5.00	Certificate of Status

Please return the time-stamped copy to us.

Very truly yours,

SACHS SAX CAPLAN



Frank A. Barbieri, Jr.
For the Firm

FAB:maa
Enclosures

cc: Mr. & Mrs. Francis Capodilupo

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANAGEMENT TRUST SERVICES, LLC

(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:

4598 NW 26TH AVENUE
BOCA RATON, FL 33434

Mailing Address:

4598 NW 26TH AVENUE
BOCA RATON, FL 33434

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:

FRANCIS A. CAPODILUPO

Name

4598 NW 26TH AVENUE

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

BOCA RATON FL 33434

City, State, and Zip

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FALLAHASSEE, 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:

MGRM

FRANCIS A. CAPODILUPO, TRUSTEE

4598 NW 26TH AVENUE

BOCA RATON, FL 33434

MGRM

SANDRA SOMMER, TRUSTEE

4598 NW 26TH AVENUE

BOCA RATON, FL 33434

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Francis A. Capodilupo
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.)

FRANCIS A. CAPODILUPO

Typed or printed name of signer

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)