

L10000131168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

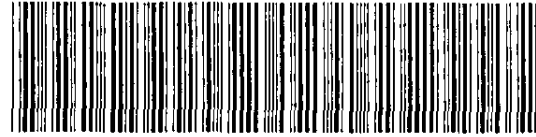
(Business Entity Name)

(Document Number)

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10 DEC 27 AM 9:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 DEC 27 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 27 2010

EXAMINER

EFFECTIVE DATE 01/01/2011

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RUTH TUFARELLA, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUTH TUFARELLA  
Name of Person

\_\_\_\_\_  
Firm/Company

158 MARGARETS WAY  
Address

THOMASVILLE, GA 31792  
City/State and Zip Code

ruthtufarella@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH TUFARELLA at ( 805 ) 591-7525  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RUTH TUFARELLA, 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:**

**Mailing Address:**

1319-D MAGNOLIA DR.  
TALLAHASSEE, FL 32308

158 MARGARETS WAY  
THOMASVILLE, GA 30792

**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:

RUTH TUFARELLA  
Name

1319-D MAGNOLIA DRIVE

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

TALLAHASSEE FL 32308

City, State, and Zip

*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..*

Ruth Tufarella

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 01/01/2011

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TALLAHASSEE, FLORIDA

**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

RUTH TUFACELLA  
158 MARGARETS WAY  
THOMASVILLE, GA 31792

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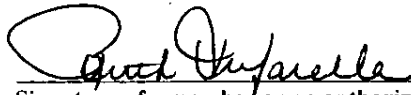
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/11 (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.)

RUTH TUFACELLA

Typed or printed name of signee

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10 DEC 27 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)