

L11000005369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

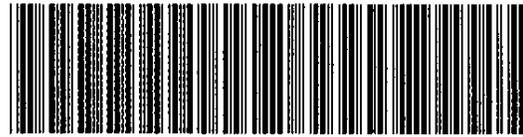
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400189443774

01/06/11--01035--009 **155.00

2011 JAN 12 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JAN 13 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

JOHN C. GIACOLETTI
RICHARD T. AVIS, ATTORNEY, LLC
531 CENTRAL AVE., SUITE 301
ST. PETERSBURG, FL 33701

SUBJECT: GIACOLET, A FLORIDA LIMITED LIABILITY COMPANY
Ref. Number: W11000001142

We have received your document for GIACOLET, A FLORIDA LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 811A00000638

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Giacolet, a Florida Limited Liability Company
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:

John C. Giacoletti
Name of Person

Richard T. Avis, Attorney, LLC
Firm/Company

531 Central Avenue, Suite 301
Address

St. Petersburg, FL 33701
City/State and Zip Code

john59giaco@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Giacoletti at (727) 894-2626
Name of Person Area Code & Daytime Telephone Number

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:

Giacolet, a Florida Limited Liability Company

(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:

4051 58th St. N.
Unit 133-C
Kenneth City, FL 33709

4051 58th St. N.
Unit 133-C
Kenneth City, FL 33709

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.)

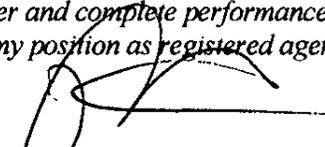
The name and the Florida street address of the registered agent are:

Richard T. Avis, Attorney
Name

535 Central Avenue, Suite 301
Florida street address (P.O. Box **NOT** acceptable)
St. Petersburg FL 33701
City, State, and Zip

2011 JAN 12 AM 9:34
FILED
SECRETARY 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)

FILED

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

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

2011 JAN 12 AM 9: 34

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manager

Member

JCG
535

John C. Giacoletti

364 Central Avenue, Suite 301

St. Petersburg, FL 33701

(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:

John C. Giacoletti
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.)

John C. Giacoletti

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)