

L11000021164

(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



900194385989

02/17/11--01051--009 \*\*155.00

FILED

11 FEB 17 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 18 2011

EXAMINER

**TROIANO & ROBERTS, P.A.**

ATTORNEYS AT LAW  
317 S. TENNESSEE AVENUE  
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)  
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO  
NICHOLAS J. TROIANO  
LAURIANE CICCARELLI

REPLY TO:  
P. O. DRAWER 829  
LAKELAND, FLORIDA 33802-0829  
TELEPHONE (863) 686-7136  
FAX (863) 686-9157

February 16, 2011

**VIA FEDEX**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Hustle 548, LLC  
Our File No.: B110089

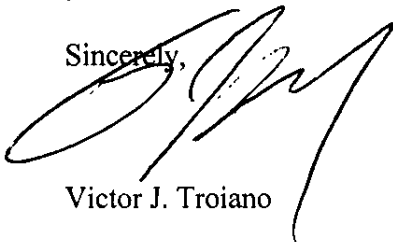
Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

I am also enclosing a prepaid FEDEX mailer for the return of the certified copy of the Articles of Organization.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Victor J. Troiano

VJT/mph  
Enclosures

FILED  
11 FEB 17 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
11 FEB 17 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: HUSTLE 548, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 429 Timberlane E, Lakeland, FL 33801-6618

b: Street Address: 429 Timberlane E, Lakeland, FL 33801-6618

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

\_\_\_\_\_  
DAN FLING

Name

\_\_\_\_\_  
429 Timberlane E

Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, FL 33801-6618

City, State and Zip

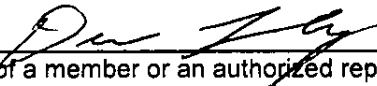
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

  X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

  
\_\_\_\_\_  
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.)

\_\_\_\_\_  
DAN FLING

Typed or printed name of signee