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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE 4 27 2011

11 MAY -2 AM 8: 30

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: NOW	loSkeetos.com, Ll	LC	SQ.	. "
SOBJECT:		ted Liability Company		•
			1 2	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	五 章	۲
Please return all corre	espondence concerning this ma	tter to the following:	11 MAY -2 AH 8: 30	9
			王	ブップラ
Elizabe	th A. Serio	Name of Person	&.	
		Name of 1 cison	90	
NoMoS	keetos.com			
		Firm/Company	EFFECTIVE DATE 4 2.7 20	l
944 Jeff	fery Street		'/ /	
		Address		
Dogo Dat	om FL 22497			
boca Kat	on, FL 33487	ity/State and Zip Code		
l iz@cubio	clecurtainfactory.com			
	E-mail address: (to be used	for future annual report r	notification)	
For further information	on concerning this matter, pleas	se call:		
Elizabeth A. Se	ero	_{at (} 561) 2	202-0040	
Nan	ne of Person	ai (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 Certified Copy (additional copy is	Certificate of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil	Section Corporations ding tive Center Circle	

EFFECTIVE DATE 4/27/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	F	T .	Na	
А	KI	 . N.	-	INЯ	me:

The name of the Limited Liability Company is:

NoMoSkeetos.com, 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:	
810 South Dixie Highway	944 Jeffery Street	
Vest Palm Beach, FL 33405	Boca Raton, FL 33487	_

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:

Name
treet
treet address (P.O. Box NOT acceptable)
_{FL} 33487
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 & Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	Name and Address:
"MGRM" = Managing Membe	r
MGRM	Elizabeth A. Serio
· · · · · · · · · · · · · · · · · · ·	944 Jeffrey Street
	Boca Raton, FL 33487
MGR	Stephanie S. Serio
	2650 Lake Shore Drive
	Riviera Beach, FL 33404
MGR	Arthur F. Serio
	2650 Lake Shore Drive
	Riviera Beach, FL 33404
(Use attachment if necessary)	
TEV. Effective data if other th	nan the date of filing: April 27, 2011 . (OPTIONA
	nust be specific and cannot be more than five business day
days after the date of filing.)	hust be specific and eautor be more than five business day.
DECHIDED SICNATURE.	
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.

Elizabeth A. Serio

Typed or printed name of signee

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.)

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)