

L110000055952

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MAY 13 2011

EXAMINER



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05/11/11--01014--007 \*\*125.00

SECRET  
DIVISION OF CO  
11 MAY 11 AM 10:00

**CORSARO & ASSOCIATES CO., LPA**

28039 CLEMENS ROAD  
WESTLAKE OH 44145  
(440) 871-4022/TELEPHONE  
(440) 871-9567/FACSIMILE

May 10, 2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 11 AM 10:47

**VIA UPS #1Z F60 R31 01 9056 5309**  
FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Easso, LLC

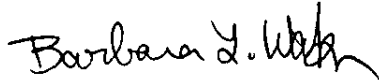
Dear Sir or Madam:

Enclosed herewith, please find the following, being submitted for filing on behalf of the above-referenced entity:

- 1) Cover Letter;
- 2) Articles of Organization; and
- 3) Check in the amount of \$125.00.

If you should have any questions and/or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,  
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to  
Mark A. Kikta, Esq.

/blw

Enclosures

cc: Mr. Al Buccieri (w/o encls.) (via email)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Easso, 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:

Mark A. Kikta, Esq.

Name of Person

Corsaro & Associates Co., LPA

Firm/Company

28039 Clemens Road

Address

Westlake, OH 44145

City/State and Zip Code

MKikta@corsarolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara L. Watson

Name of Person

at ( 440 ) 871-4022

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

FILED STATE  
SECRETARY OF CORPORATIONS  
11 MAY 11 AM 10:47

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Easso, 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:**

7741 Fisher Island Drive  
Miami Beach, FL 33109

**Mailing Address:**

5300 Tradex Parkway  
Cleveland, OH 44102

**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:

Seaside Investments, LLC

Name

7917 Fisher Island Drive

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

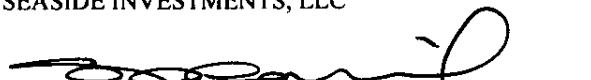
Miami Beach FL 33109

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..*

SEASIDE INVESTMENTS, LLC

By: X



Registered Agent's Signature (REQUIRED)

Saji T. Daniel, President

(CONTINUED)

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DIVISION OF CORPORATIONS  
11 MAY 11 AM 10:47

**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:**

MGR

Saji T. Daniel

5300 Tradex Parkway

Cleveland, OH 44102

MGR

Alfred J. Buccieri

5300 Tradex Parkway

Cleveland, OH 44102

(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:**

X

  
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.)

Saji T. Daniel

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)**