# 411000006509

(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:
A. LUNT
JUN - <b>3</b> 2010
EXAMINER

Office Use Only

900208197869

06/01/11--01019--005 \*\*130.00

# Russo, Rosalina & Co., L.P.A.

Attorneys at Law

Basil M. Russo Gabriella Russo Rosalina Joseph K. Rosalina Deborah Smiley PARMATOWN 6656 Ridge Rd. Parma, Ohio 44129 Telephone (440) 843-8400 Facsimile (440) 886-6004 www.rrlpa.com May 25, 2011



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

RE: Articles of Organization For Florida LLC

### Dear Sir/Madam:

Enclosed please find the original Cover Letter and Articles of Organization For Florida LLC each with a check in the amount of \$130.00 payable to the Florida Department of State for the following subjects:

- 1. TL Pleasure Boating LLC;
- 2. GL House Care LLC; and
- 3. DL Car Care LLC.

Should you require any additional information please do not hesitate to contact me.

Very truly yours,

RUSSO, ROSALINA & CO., L.P.A.

Joseph K. Rosalina Attorney at Law

JKR/jdk Enclosures

## **COVER LETTER**

TO:

Registration Section

i	Division of Corporations	
SUBJEC	r: TL Pleasure Boating LLC	
	Name of Limited Liability	Company
The enclo	sed Articles of Organization and fee(s) are submitted for	or filing.
Please ret	urn all correspondence concerning this matter to the fol	llowing:
A	nthony J. LoSchiavo	
	Name of Pe	rson
_	Firm/Comp	pany يُونِو ڪ
	1020 S. Collier Blvd.	Zip Code
	Address	(A) 1
_1	Marco Island, FL 34145	The Total
:	City/State and Zanthonylparadise@yahoo.com	tip Code දියුව දී. විසි ග්ර
_	E-mail address: (to be used for future ann	
For further	er information concerning this matter, please call:	
Antho	ny J. LoSchiavo at (239  Name of Person Ar	rea Code & Daytime Telephone Number
		·
	is a check for the following amount:	_
\$125.00 F	Certificate of Status Certificate	100 Filing Fee &\$160.00 Filing Fee,  ied Copy
		treet/Courier Address egistration Section
	Division of Corporations D P.O. Box 6327 C	ivision of Corporations lifton Building
	Tallahassee, FL 32314 26	661 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:		
TL Pleasure Boating LLC  (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
Principal Office Address:	Mailing Address:	
1020 S. Collier Blvd.  Marco Island, FL 34145	1020 S. Collier Blvd.  Marco Island, FL 34145	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual	nature:
The name and the Florida street address of the r	egistered agent are:	
Anthony J. LoSchiav	0	
L Pleasure Boating LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  RTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  The mailing address:  Mailing Address:  Mailing Address:  Mailing Address:  Marco Island, FL 34145  Marco Island, FL 34145  RTICLE 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 organiotherese.		
1020 S. Collier Blv	d.	
Florida street add	lress (P.O. Box NOT acceptable)	
Marco Island	FL 34145	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### 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 Member	r	
MGR	Grace A. LoSchiavo	20
	1020 S. Collier Blvd.	
	Marco Island, FL 34145	===
	Part Land	1
MGRM	Anthony J. LoSchiavo	
	1020 S. Collier Blvd.	_ _
	Marco Island, FL 34145	PH 12:
		<i>ن</i> ھ
		_
		-
		_
		_
		_
(Use attachment if necessary)		
		INA
LE V: Effective date, if other th	nan the date of filing: (OPTIC	dan
ffective date is listed, the date n	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
ffective date is listed, the date n	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
ffective date is listed, the date n days after the date of filing.)	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
ffective date is listed, the date n days after the date of filing.)	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
ffective date is listed, the date n	nan the date of filing: (OPTIC nust be specific and cannot be more than five business	day
fective date is listed, the date n days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business  Mel Shear  member or an authorized representative of a member.	day

(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.)

Grace A. LoSchiavo

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)