## 11000069224

(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



800208705098

Effective Date 07/01///

06/13/11--01005--030 \*\*125.00

FILED

11 JUN 13 PM 3: 36

SECRETARY OF STATE
ALL AHASSEF, FLORID

J. BRYAN

JUN 14 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
Name of Elimica Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VIrginia Distaso Name of Person
The Aller
2270-F Tamiani Trail
Port Charlotte, FL 33952
Port Charlotte, FL 33952  City/State and Zip Code  Adis taso 2 @ Comcast. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Distaso at (941) 764-3400  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
Must end with the words "Limited Liability	Y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2270-F Tamiami Trail	Jame		
Port Charlotte, FL 33952			
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 reg	gistered agent are: Effective Date $0.7/0///$		
Virginia Di	staso		
Name	ess (P.O. Box <u>NOT</u> acceptable)		
1 , , , , , , , , , , , , , , , , , , ,	FL 32159 e, and Zip		
Having been named as registered agent and to ac	ccept service of process for the above stated limited		

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..

Urgenia Di Staso
Registere Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Virginia Distaso  726 TRUMAN AVE  LANGE FL 32159
<u>MG-RM</u>	James Dishaso 20264 Vanguard Terrace Port Charlotte, FL 33954
<del></del>	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the configuration (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 7-/-/l (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of Amember	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false information.	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Filing Fees:

其中職以法分

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)