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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2011 JUN 23 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WOMBLE
CARLYLE
SANDRIDGE
& RICE
A PROFESSIONAL LIMITED
LIABILITY COMPANY

One Wachovia Center
301 South College Street
Suite 3500
Charlotte, NC 28202-6037

Telephone: (704) 331-4900
Fax: (704) 331-4955
www.wcsr.com

Pamela G. Speir
North Carolina Certified Paralegal
Direct Dial: (704) 331-4927
Direct Fax: (704) 338-7833
E-mail: pspeir@wcsr.com

June 22, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Select Special Distributors, LLC (the "Company")

Dear Sir or Madam:

Attached please find the following for filing in your office:

- (1) One original and one copy of the Articles of Organization for the Company and
- (2) Our firm check in the amount of \$155.00.00.

Once filed, please return the Certified copy of this filing to the undersigned in the enclosed federal express envelope.

If you have questions or comments please call me at the number above.

Sincerely,

WOMBLE CARLYLE SANDRIDGE & RICE
A Professional Limited Liability Company

Pamela G. Speir

Pamela G. Speir

Enclosures

cc: Cyrus M. Johnson, Jr., Esq.

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2011 JUN 23 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Select Specialty Distributors, LLC
Name of Limited Liability Company

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2011 JUN 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela G. Speir

Name of Person

Womble Carlyle Sandridge & Rice, PLLC

Firm/Company

One Wells Fargo Center, Suite 3500, 301 S. College St.

Address

Charlotte

NC

28202-6037

City/State and Zip Code

pspeir@wcsr.com

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

For further information concerning this matter, please call:

Pamela G. Speir

Name of Person

at (704) 331-4927

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

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2011 JUN 23 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Select Specialty Distributors, 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:

1475 Pine Ave., Unit B

Orlando, FL 32824

Mailing Address:

P.O. Box 592056

Orlando, FL 32859

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:

Benjamin Barber

Name

1475 Pine Ave., Unit B

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

Orlando, FL 32824

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..

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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20H JUN 23 AM 11:40
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TALLAHASSEE, FLORIDA

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

Leo Calligaro

1475 Pine Ave., Unit B

Orlando, FL 32824

(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:

Pamela G. Speir

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.)

Pamela G. Speir, Authorized representative

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)