# 11000000929

(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:						
L. SELLERS						

**EXAMINER** 

AUG -8 2011

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### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporatio	ns		
<sub>SUBJECT:</sub> Florida Inde	ependent Bu	siness Associatio	on (FLIBA)
· · · · · · · · · · · · · · · · · · ·	Name of Limited	Liability Company	<del> </del>
The enclosed Articles of Organiz	ation and fee(s) are su	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
Joseph J. Brei	tfeller		
		lame of Person	
Florida Indepe	ndent Busine	ess Association (I	FLIBA)
	i	irm/Company	
4119 N. Davis	Street		
		Address	
Beverly Hills	FL	34465-	3289
The second of th		State and Zip Code	
jjbreitfeller@fliba.c E-mail		future annual report notification	)
For further information concerning	g this matter, please o	all:	
Joseph J. Breitfeller		at (352 ) 527-060	
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a check for the following	lowing amount:		
\$125.00 Filing Fee \$130.0 Certif	0 Filing Fee & [ficate 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)
	g Address ation Section	Street/Courier Addre Registration Section	<u>ss</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 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:

## Florida Independent Business Association (FLIBA), LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

Principal Office Address:	Mailing Address:
4119 N. Davis Street	4119 N. Davis Street
Beverly Hills, FL 34465	Beverly Hills, FL 34465
(The Limited Liability Company cannot serve as its or	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:    Iller
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address  Joseph J. Breitfe  4119 N. Davi	wn Registered Agent. You must designate an individual or another of the registered agent are:    Iller

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.

(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 "MGRM" = Manag	ing Member	Name and Address:	
	MGR		Joseph J. Breitfeller 4119 N. Davis Street Beverly Hills,	
ARTIC (If an ei	(Use attachment if r  LE V: Effective dat  ffective date is listed  days after the date	e, if other than the date , the date must be sp	e of filing: (OPTIONAL)  ecific and cannot be more than five business days price	or
	REQUIRED SIGN	ATURE:	1	
	Si <sub>l</sub>	form f	an authorized representative of a member.	
	(In accorda constitutes I am aware	ance with section 608.408 an affirmation under the that any false informatio	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)	
	_	JOSEPH J	BREITFELLER 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)