

L11000093570

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000203883 3))) 47633



H11000203883ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
COD BONDANZA MANAGEMENT II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
11 AUG 15 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 AUG 15 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

AUG 15 2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

H11000203883

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

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

CCD BONDANZA MANAGEMENT II, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS OF THE LIMITED LIABILITY COMPANY IS:

6111 STATE ROAD 54
NEW PORT RICHEY, FLORIDA 34653

THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

9544 WHISPER RIDGE TRAIL
WEEKI WACHEE, FLORIDA 34613

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

RICHARD E. BONDANZA, JR.
9544 WHISPER RIDGE TRAIL
WEEKI WACHEE, FLORIDA 34613

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, FLORIDA STATUTES.

DATED: 8/15/2011


RICHARD E. BONDANZA, JR.

H11000203883

FILED
11 AUG 15 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 11000203883

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: RICHARD E. BONDANZA, JR.
9544 WHISPER RIDGE TRAIL
WEEKI WACHEE, FLORIDA 34613

SHERRA J. BONDANZA
9544 WHISPER RIDGE TRAIL
WEEKI WACHEE, FLORIDA 34613

DATED: 08/15/2011

x R E B
RICHARD E. BONDANZA, JR.

FILED
11 AUG 15 AM 8:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

IN ACCORDANCE WITH SECTION 808.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

H 11000203883