

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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COVER LETTER

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	egistration Section ivision of Corporations			
SUBJECT	uS Distribution Corpora	ation, LLC		
3024201		d Liability Compan	ıy	
The enclose	ed Articles of Organization and fee(s) are s	submitted for filing.		
Please retu	arn all correspondence concerning this matter	er to the following:		
St	teven C. Tongco			
		Name of Person		
<u>U</u> :	S Distribution Corporation			
		Firm/Company		
49	956 Marlin Dr.			
	-	Address		
Ne	w Port Richey, FL 34652			
	•	/State and Zip Code		
ste	eve@tongco.com E-mail address: (to be used for	or future annual report	t notification)	
For further	information concerning this matter, please	<u>_</u>	,	
Steven	Tongco	at (678	361-2102	
<u></u>	Name of Person		& Daytime Telep	hone Number
Enclosed i	is a check for the following amount:			
\$125.00 Fil	ling Fee \$\sum \frac{1}{3}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ı	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division on Clifton Bu 2661 Exec	f Corporations	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
US Distribution Gorporation, Ll	-C
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4956 Marlin Drive New Port Richey, FL 34652	4956 Marlin Drive New Port Richey, FL 34652
The name and the Florida street address of the re Steven Tongco Name 4956 Marlin Drive Florida street address	25 PA IT
New Port Richey	_{FL} 34652
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Page 1 of 2

(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 "MGRM" = Managing Member	Name and Address:
MGR	Steven Tongco
	4956 Marlin Drive
	New Port Richey, FL 34652
MGR	Terry Nassr
**************************************	8334 Lake Serene Drive
	Orlando, FL 32836
	·
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	be specific and cannot be more than five business days over or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	be specific and cannot be more than five business days ber or an authorized representative of a member. 88.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State

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)