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		(Requestor's Name)	
,		(Address)	
P.		(Address)	
		(City/State/Zip/Phone #)	
	PICK-U	P WAIT	MAIL
		(Business Entity Name)	
		(Document Number)	
	Certified Copies	Certificates of	Status
	Special instruction	s to Filing Officer:	
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EXAMINER

COVER LETTER

Registration Section **Division of Corporations**

EUBJECT: 1. Pullara & ASSOC	iates, LLC	
Name of Lin	nited Liability Company	
Est.		
	1 10 10 01	
Inclenclosed Articles of Organization and fee(s) a	re submitted for filing.	
lease return all correspondence concerning this m	natter to the following:	
	 -	
Tony Pullara		
Tony r anara	Name of Person	
	Firm/Company	
P.O. Box 4493		
	Address	
Plant City, FL 33563		
	City/State and Zip Code	
pullara563@gmail.com		
E-mail address: (to be use	ed for future annual report notification)	
	11-	
or further information concerning this matter, ple	ase call:	
iony Pullara	912 479 420	7
· · · · · · · · · · · · · · · · · · ·	at (813) 478-429	
Name of Person	Area Code & Daytime Tele	pnone Number
inclosed is a check for the following amount:		
25.00 Filing Fee \$\int\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy
概念 Conference Transfer Tr		(additional copy is enclosed)
े में		
Mailing Address	Street/Courier Address	

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

T. Pullara & Associa (Must end with the words "I	cimited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Compa
	Mailing Address:
Principal Office Address:	Maining Additss.
Principal Office Address: 4110 Thackery Way	P.O. Box 4493

The name and the Florida street address of the registered agent are:

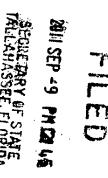
Anthony Pullara Name 4110 Thackery Way Florida street address (P.O. Box NOT acceptable) **Plant City** FL 33566 City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



is:

REQUIRED SIGNATURE:

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.)

Anthony Pullara

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)