

L11000114442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

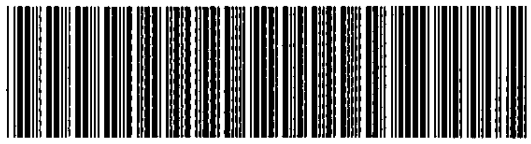
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 5 2011

EXAMINER

R. JEFFREY STULL, P.A.

ATTORNEYS AND COUNSELORS AT LAW

602 SOUTH BOULEVARD

TAMPA, FLORIDA 33606

R. JEFFREY STULL

TELEPHONE (813) 251-3914

FACSIMILE (813) 251-0974

September 29, 2011

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

Re: Filing - John Cetnarowski, LLC

Gentlemen:

Enclosed please find the Articles of Incorporation for a Florida Limited Liability Company and our firm check number 12600 in the amount of \$130.00 made payable to the Division of Corporations. Please file the corporation and furnish a Certificate of Status to the above captioned address. .

Please call me should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

R. JEFFREY STULL, P.A.



Paula Brodesser Caire
Legal Assistant to
R. Jeffrey Stull, Esquire

enclosures

cc: J. Cetnarowski

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John Cetnarowski, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Paula Brodesser
Name of Person

R. Jeffrey Stull, P.A.
Firm/Company

602 South Boulevard
Address

Tampa, FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

Paula Brodesser at (813) 251-3914
Name of Person 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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John Cetnarowski, LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10443 Carrollbrook Court #225
Tampa, FL 33618

10443 Carrollbrook Court #225
Tampa, FL 33618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

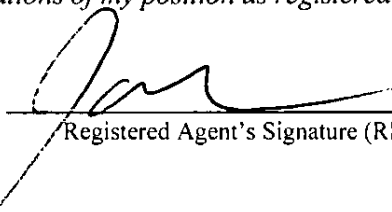
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John Cetnarowski
Name

10443 Carrollbrook Court #225
Florida street address (P.O. Box **NOT** acceptable)
Tampa, FL FL 33618
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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

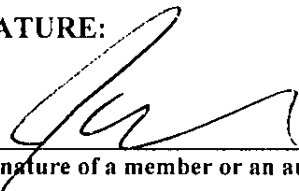
MGR _____

John Cetnarowski
10443 Carrollbrook Court #225
Tampa, FL 33618

(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:



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.)

John Cetnarowski

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)