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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER OCT 28 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Salamone Enterprises CLC.  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:
Jeff Salamone Name of Person
Salamone Enterprises C.L.C.
4410 NE 3 rd St.  Address
Address
4410 NE 3 Cd St.  Address  Ocala, Fe. 3447.0  City/State and Zip Code  ARE BET ST.  PR.  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teff Salamore at 352, 425-5549  Name of Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

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:

Oalamone Enter	Prises L.L.C.	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
4410 NE 35d St. Ocala, Fc. 34470	4410 NE 35d St. Ocala, Pr. 3447D	
Ocala, Fc. 34470	Ocala, Fr. 34470	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an individual or ano e registered agent are:	re: ther 2011 0CT 27
Jeff Salai Nan	Mone ASS	CT 27
4410 NE 3 rd Florida street	<u> </u>	E
O Cala	FL 39470	22

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..

egistered 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:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member $M G R .$	Jeff Salamone 4410 NE 3595+. Ocala, FL-34470		
		Z011 OCT 27 SECRLTARY TALLAHASS	п =
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp	e of filing: ecific and cannot be more than fiv	FIST IN CONTROL (S	∏ I ior
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.)

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)