(Convented a Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT

FEB 29 2011

**EXAMINER** 

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02/27/12--01039--026 \*\*160.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

(Must end with the words "Lim	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
4222 Rolling Oak Dr. Lakeland, FL 33810	PO Box 0054 Kathleen FL 33849-0054	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	istered Office, & Registered Agent's Signature:  We Registered Agent. You must designate an individual or another  Of the registered agent are:	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	of the registered agent are:	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:	1
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:	1
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Vincent Filippone  4222 Rolling	of the registered agent are:	1
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Vincent Filippone  4222 Rolling	of the registered agent are:  Name  Oak Dr	<b>1</b>

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

## 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	Name and Address:
"MGRM" = Managing Me	
"MGR"	Vincent D. Filippone Jr.  4222 Rolling Oak Dr.  Lakeland, FL 33810
	4222 Rolling Oak Dr.
	Lakeland, FL 33810
"MGR"	Whitney Eilinnana
MGK	Whitney Filippone
	4222 Rolling Oak Dr.
	Lakeland, FL 33810
"MGRM"	Vincent David Filippone III
	4222 Rolling Oak Dr.
	Lakeland, FL 33810
MGRM"	Ethan William Filippone  4222 Rolling Oak Dr.
	Lakeland, FL 33810
Use attachment if necessa	ry)
E.W. Effective data if at	ner than the date of filing: (OPTIONA
	ate must be specific and cannot be more than five business da
days after the date of filin	
iays after the date of finh	5.7
REOUIRED SIGNATUR	RE:
REQUIRED SIGNATUR	RE:
required signatur	RE:
REQUIRED SIGNATUR	ne David Filipped

(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.)

Vincent David Filippone Jr.

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)