12000045586

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
' PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



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04/03/12--01007--007 **55.00

03/16/12--01032--004 **70.00

T. CLINE

APR - 3 2012

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2012

ALBERT VAGNINI JR. 3407 ROSE HILL WAY LAUDERHILL, FL 33319

SUBJECT: FLL ASSOCIATION, LLC

Ref. Number: W12000016086

We have received your document for FLL ASSOCIATION, LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 912A00009837

2012 BR -2 PH 1:55

COVER LETTER

SUBJECT	r: FLL Association, LCC Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please retu	urn all correspondence concerning this matter to the following:		
<u> </u>	Albert Vagnini Tr. Name of Person		_
	Name of Person		
	Firm/Company		_
	3407 Rose Hill Way		_
	Address		_
	Laudenhill, FL 33319 City/State and Zip Code		
	City/State and Zip Code CHMUISION (a) aul. com E-mail address: (to be used for future annual report notification)) 0.10 0.10
For further	E-mail address: (to be used for future annual report notification) r information concerning this matter, please call:		<u>รี</u> ช้ 5
Alb	ert Vagnimi Tr at (203) 232-1484 Name of Person Area Code & Daytime Telephone Number		
	Name of Person Area Code & Daytime Telephone Number		ゆ た 一・ハ
Enclosed	is a check for the following amount:	`}:=	
/ 125.00 Fi	ling Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$\$\$\$\$ Certificate of Status \$\int_\$\$ Certified Copy \$\int_\$\$ Certified Copy \$\int_\$\$ Certified Copy (additional copy is enclosed)	f Status & py	
	(additional copy	y is enclosed	d)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:				
The name of the Lin	nited Liability Company is	:			
	- 1 1				
	FLL Association	ility Company, "L.L.C.," or "LLC.")			
(Mus	t end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")			
ADTICI E II. AJJ	l woods				
ARTICLE II - Add		winging of the Limited L	iahility Ca	mnoni	ı ia
ine maning address	and street address of the p	orincipal office of the Limited L	lability Co	лпрап	y 15:
Principal Office Ac	ldress:	Mailing Address:			
		112002	_		
3407 Rose Lauderhill	Hill Way	3407 Rose Hill W	ku		
Lauderhill	FL 33819	Lauderhill FL 3	B319		
,					
		d Office, & Registered Agent'			
		stered Agent. You must designate an indiv	vidua <u>l or a</u> not	her=i	
business entity with an ac	tive Florida registration.)		Z>	محت ب	`*
The name and the Fl	lorida street address of the	registered agent are:		38	د. ۱ دمخود در
	•	_	333	2	Stran
_	Albert Vag	nini Vr.	(3) -< (7)		معياسع
	Name	e	्रा ^{के} रे	_w ⊒<	geren.
	1/2 m 57) //	(11)	25	⊒¥ -:-	è.,
-	3407 Rose 4	idress (P.Q. Box <u>NOT</u> acceptable)	ORIGINAL STATE	<u>හ</u>	
			~	(9)	
<u>-</u>	Lauderhill	FL 33319			
	City, S	tate, 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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	r
<u>M&R</u>	Albert Vagnin, Ir 3407 Rosed Hill Way Lauderhill, FL 33319
_M&RM	Carlos Marrero 1440 NE 15 ⁴⁵ Ave. Fort Lauderdale, FL 33304
MERM	Dr. Daniel Reiss 2000 E. Oakland Park Blod Fort Lauderdde, FL 33334
(Use attachment if necessary)	
f an effective date is listed, the date n	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
or 90 days after the date of filing.) REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
constitutes an affirmation I am aware that any fals	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State se felony as provided for in s.817.155, F.S.)
	Albert Vacanini Tr. 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)