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SECRETARY OF STAFE

RETARY OF STAFE AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 9 2012

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Curb Appeal of Sebastian 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:	
Armanda Almanza	
Armando Almanza  Name of Person	
Firm/Company	
Типасопрану	
751 Schumann Drive	
Address ALL SEC	
Sebastian, FL 32958  Address  Address  Activity State and Zin Code  Sebastian Sebastia	, A
City/State and Zip Code	F5**
xtaxmanx@aol.com  E-mail address: (to be used for future annual report notification)	f fy
E-mail address: (to be used for future annual report notification)	(
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
<b>&gt;</b> -	
Robert J Wood, E.A. at (772 ) 532-8847  Name of Person Area Code & Daytime Telephone Number	
, and coast a say time , suspine	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compa	iny is:	
Curb Appeal of Sebastian	<u></u>	
(Wust end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
751 Schumann Drive	751 Schumann Drive	
Sebastian, FL 32958	Sebastian, FL 32958	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address o	f the registered agent are:	2012 JUL SECRETY TALLAHA
Armando Almanza	a	CRE CAH
	Name	ASSA
751 Schumann Drive		NRY OF STATE ORIDA
Florida street address (P.O. Box NOT acceptable)		FS &
Sebastian	<sub>FL</sub> 32958	
	City, State, and Zip	0 A

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: "MGR" = Manager "MGRM" = Managing Member MGR Armando Almanza 751 Schumann Drive Sebastian, FL 32958 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

# **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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.)

# Armando Almanza

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)