

L12000095366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

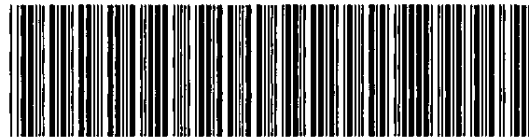
(Document Number)

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B. KOHR
JUL 24 2012
EXAMINER



400237667084

07/23/12--01011--005 **130.00

EFFECTIVE DATE

7/8/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 JUL 23 PM 4:02

B. KOHR
JUL 24 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 7/8/2012

SUBJECT: 12484 CORAL SPRINGS, 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:

MICHAEL LOMBARDI
Name of Person
12484 CORAL SPRINGS, LLC
Firm/Company
3325 S. UNIVERSITY DR. # 201
Address
DAVIE, FL 33328
City/State and Zip Code

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 23 PM 4:02

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

For further information concerning this matter, please call:

MICHAEL LOMBARDI at (954) 476-0800
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

EFFECTIVE DATE

7/18/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12484 CORAL SPRINGS, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED STATE
SECRETARY OF CORPORATIONS
12 JUL 23 PM 1:02

ARTICLE II - Address:

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

Principal Office Address:

3325 S. UNIVERSITY
DRIVE # 201
DAVIE, FL 33328

Mailing Address:

3325 S. UNIVERSITY
DRIVE # 201
DAVIE, FL 33328

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:

MICHAEL LOMBARDI

Name

3325 S. UNIVERSITY DR. # 201

Florida street address (P.O. Box **NOT** acceptable)

DAVIE, FL 33328

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MICHAEL LOMBARDI
3325 S. UNIVERSITY DR. #201
DAVIE, FL 33328

MGRM

TED DOMINICK
3325 S. UNIVERSITY DR. #201
DAVIE, FL 33328

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/18/12 (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.)

MICHAEL LOMBARDI
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)