#1/2000/06790

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
	•	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

K.SALY EXAMINER AUG 2 0 2012

COVER LETTER

Division of C			
SUBJECT: 3118	, LLC.		
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
David A.	Rizzo		
		Name of Person	
3118, LL	.C.		
	_	Firm/Company	
9425 SE	Federal Hwy		
		Address	
Hobe Sou	nd, Fl 33455		
 -	Cit	y/State and Zip Code	
premiumpa	ainters1022@yahoo.d	for future annual report notification)	
5 2 4 4 2 4		•	
For further information	concerning this matter, please	e call: 561 - 272 2711	
David Rizzo		_at (772-) 263-2801	
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECTIVE
The name of the Limited Liability Company is	S: EFECTIVE DATE
3118, LLC.	
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
2495 SE Federal Hwy	2495 SE Federal Hwy
Hobe Sound, Fl 33455	Hobe Sound, Fl 33455
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual or another e registered agent are:
The name and the Florida street address of the David A. Rizzo	gistered Agent. You must designate an individual or another e registered agent are:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual or another e registered agent are:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the David A. Rizzo Name 19425 SE Federa	gistered Agent. You must designate an individual or another e registered agent are:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the David A. Rizzo Name 19425 SE Federa	gistered Agent. You must designate an individual or another e registered agent are:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the David A. Rizzo Name 19425 SE Federa Florida street a Hobe Sound	e registered agent are: ne al Hwy address (P.O. Box NOT acceptable)
The name and the Florida street address of the David A. Rizzo Name 1	e registered agent are: ne al Hwy address (P.O. Box NOT acceptable) FL 33455

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(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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing	Member	
(Use attachment if nece	ssary)	
CLEV. Effective date if	other than the date of filing: 08/17/12 (OPTIONA	a i
effective date is listed, th	e date must be specific and cannot be more than five business day	/s pri
90 days after the date of		•
•		
DECLUDED GLOWING	NO.	
REQUIRED SIGNAT	URE:	
	H.1.1-	
	wand of hower	
Signa	ure 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.)

David A. Rizzo

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)