L12000/19039

(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:				

Office Use Only

EFFECTIVE DATE 09/13/12



900239616019

09/17/12--01027--024 **125.00

12 SEP 17 PM 12: 36
SECRETARY OF STATE
TALL ANASSEF, FLORIOR

AND FILED SEP 17 PM12: 3

D. BRUCE

SEP 18 2012

EXAMINER

COVER LETTER

TO:

TO:	Registratio Division of	n Section Corporations					
SUBJ	_{вст} . LaV	iola Investment Gr	oup				
БСБ	Le1		ed Liability Co	mpany			
The er	nclosed Article	s of Organization and fee(s) are	submitted for f	īling.			
Please	return all corr	espondence concerning this mat	ter to the follow	wing:			
	Anthon	y LaViola					
			Name of Person	n			
	The La	Viola Group					
			Firm/Company	,			
	1671 S	W 22nd Ave.					
			Address				
	Ft. Laude	erdale, FL 33312			<u>. </u>		
		Cit	y/State and Zip (Code		 i	
	tone210@	gmail.com					_
		E-mail address: (to be used	for future annual	report notification	n)	E CR	<u>~</u>
For fu	rther information	on concerning this matter, please	e call:			TAR TASS	7
Anthony LaViola			_ _{at (} 954	348-94		CRETARY OF STATE	D K
	Nar	me of Person	Area (Code & Daytime 1	Telephone Number	STATE STATE	<u>;</u>
Enclos	sed is a check	for the following amount:				JUA AUL	<u>ر</u>
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)		of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	str/Courier Address stration Section sion of Corporation on Building Executive Center hassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LaViola Investment Group LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1671 SW 22nd Ave.	1671 SW 22nd Ave.
Ft. Lauderdale, FL 33312	Ft. Lauderdale, FL 33312

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:

Anthony LaViola
Name

1671 SW 22nd Ave.

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

Ft. Lauderdale FL 33312

City, State, and Zip

City, State, and Z

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)

Page 1 of 2

APPROYE

EFFECTIVE DATE 09/13/12

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 Member			
MGR	Anthony LaViola		
	1671 SW 22nd Ave.		
	Ft. Lauderdale, FL 33312		
	-		
(Use attachment if necessary)			
(Ose attacinitent it inccessary)			

ARTICLE V: Effective date, if other than the date of filing: September 13, 2012 (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 608.40%), 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.)

Anthony LaViola

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)

SECRETARY OF STATE

AFFROVED