

**L130000014130**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

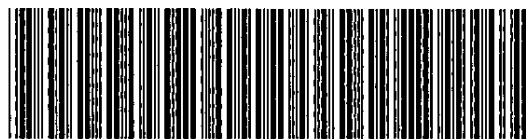
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**JAN 28 2013**

**L. SELLERS**

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01/24/13--01013--025 \*\*125.00

**FILED**  
13 JAN 23 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRENNAN, MANNA & DIAMOND**  
**ATTORNEYS & COUNSELORS AT LAW**

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**BONITA SPRINGS OFFICE**

3301 Bonita Beach Road, Suite 100  
Bonita Springs, Florida 34134  
Telephone 239-992-6578  
Facsimile 239-992-9328

**AKRON OFFICE**

75 East Market Street  
Akron, Ohio 44308  
Telephone 330-253-5060  
Facsimile 330-253-1977

**JACKSONVILLE OFFICE**

800 West Monroe Street  
Jacksonville, Florida 32202  
Telephone 904-366-1500  
Facsimile 904-366-1501

**CHINA OFFICE**

2 Hua Shan Road, Suite 906  
Jing An District, Shanghai 200040  
Telephone 011(86) 152-01829982

**Shannan L. Mullenix**  
**75 East Market Street**  
**Akron, Ohio 44308**  
Phone: (330) 253 - 5060 ext. 159  
Fax: (330) 253 - 1977  
[slmullenix@bmdllc.com](mailto:slmullenix@bmdllc.com)

**VIA UPS DELIVERY**

**Tracking Number: 1Z9V2A520195710126**

January 23, 2013

Florida Secretary of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

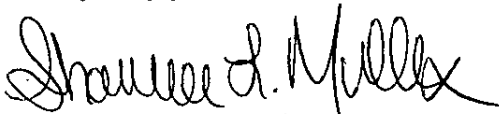
**RE: Signet Elite Management, LLC**

Dear Sir or Madam:

Enclosed please find the *Articles of Organization* for the above-referenced entity, along with the check in the amount of \$125.00 for the filing fee.

Thank you for your time and attention to this matter.

Very truly yours,



Shannan L. Mullenix  
Paralegal

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Signet Elite Management, 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:

**Shannan L. Mullenix, Paralegal**

Name of Person

**Brennan, Manna & Diamond, LLC**

Firm/Company

**75 East Market Street**

Address

**Akron, OH 44308**

City/State and Zip Code

**slmullenix@bmdllc.com**

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

For further information concerning this matter, please call:

**Shannan L. Mullenix** at **330** **253-5060 x 159**  
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

13 JAN 23 PM 2:26  
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Signet Elite Management, 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:

800 West Monroe Street

Jacksonville, FL 32202

#### Mailing Address:

800 West Monroe Street

Jacksonville, FL 32202

### 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:

BMD Florida Service, LLC

Name

800 West Monroe Street

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

Jacksonville

FL

32202

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:**

MGR

Anthony S. Manna

75 East Market Street

Akron, OH 44308

MGR

Kenneth J. Krismanth

800 West Monroe Street

Jacksonville, FL 32202

MGR

Mark S. Corr

19 North High Street

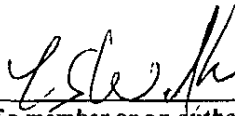
Akron, OH 44308

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Lee S. Walko, Authorized Representative

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)**