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Certified Copies	Certificates of Status
	
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SECRETARY OF STALE
DIVISION OF CORPORATIONS

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C. LEWIS
FEB - 8 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVGO HOLD	INGS, LLC		
		ed Liability Company	
The enclosed Articles of Organ	nization and fee(s) are s	submitted for filing.	
Please return all correspondence	ce concerning this matte	er to the following:	
Alan F. Gonzalez,	Esquire		······································
		Name of Person	
Walters Levine Kl	ingensmith & Tho	mison PA	
		Firm/Company	
601 Bayshore Bo	ulevard, Suite 720)	
	<u> </u>	Address	
Tampa, FL 33606			
400NZ41 EZ@M	•	y/State and Zip Code	
AGONZALEZ@W		or future annual report notification)	
For further information concern	ning this matter, please	call:	
ALAN F. GONZALEZ, E	ESQUIRE	at (813) 254-7474	
Name of Perso	on	Area Code & Daytime Telep	hone Number
Enclosed is a check for the	following amount:		
_	30.00 Filing Fee & ortificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	illing Address distration Section dision of Corporations disparations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

WALTERS LEVINE KLINGENSMITH & THOMISON PAL A T T O R N E Y S A T L A W CHICAGO SARASOTA TAMPA

ALAN F. GONZALEZ, LL.M.

agonzalez@walterslevine.com www.walterslevine.com

January 30, 2013

THE BANK OF TAMPA BUILDING 601 BAYSHORE BLVD. SUITE 720 TAMPA, FL 33606 (813) 254-7474 (813) 254-7341 FAX

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

AVGO HOLDINGS, LLC Our File No. 1846-001

Gentlemen:

Enclosed is the cover letter and Articles of Organization for the above named Florida Limited Liability Company. Also enclosed is the check in the amount of \$130.00 for the filing fees and Certificate of Status. The Articles were inadvertently sent yesterday to you without the check.

Thank you for your assistance.

Very truly yours,

WALTERS LEVINE KLINGENSMITH & THOMISON, P.A.

Catherine M. Noyes, Legal Assistant to Alan F. Gonzalez, LL.M., Esquire

:cmn

Enclosures:

Cover Letter

Articles of Incorporation Check No. 2542

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
AVOCUOLDINGS LLC	
AVGO HOLDINGS, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17740 Morninghigh Drive Lutz, FL 33549	17740 Morninghigh Drive Lutz, FL 33549
Luiz, FL 33349	Luiz, FL 33349
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
A. Wayne Valenti Name	CB OF AF
INAIRC	con con
17740 Morninghigh Drive	ress (P.O. Box NOT acceptable)
Florida street addr	ress (P.O. Box NOT acceptable)
Lutz, FL 33549	
City, State	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	ccept service of process for the above stated limited also certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	nager or Managing Member is as fo	2013 FEB -7	8 MA
"MGRM" = Managing Member	•	9	
MGRM	A. Wayne Valenti		
	17740 Morninghigh Drive)	
	Lutz, FL 33549		
MGRM	Cynthia Valenti		
	17740 Morninghigh Drive)	
	Lutz, FL 33549		
(Use attachment if necessary)			
CLE V: Effective date, if other that effective date is listed, the date is o or 90 days after the date of filin	n the date of filing:	. (OPTIO	NAL) iness da
REQUIRED SIGNATURE:			

(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.)

Signature of a member or an authorized representative of a member.

A. Wayne Valenti

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)