

(Re	questor's Name)	
(Ad	dress)	
(4.1		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900249088669

06/21/13--01012--001 **125.00

ALLAMASSEE FLORIDA

UM 2 4 THE

COVER LETTER

TO: Registration Section **Division of Corporations**

ASSIST-2-SELL

RUIZZO ENTERPRISES, LLC. D/B/A ASSISTASELE FULL SERVICE REALTY SUBJECT: 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:

ONALD A RUIZZO

Name of Person ASSIST-2-SELL

RUIZZO ENTERPRISES, LLC DBA ASSISTASEEL FULL SERVICE REALTY

Firm/Company

1106A 10TH STREET

Address

ST CLOUD, FLORIDA 34769

City/State and Zip Code

janiceruizzo@gmail.com

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

For further information concerning this matter, please call:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	ne: mited Liability Company	is:	
RUIZZO ENTERPRISE	S, LLC		
(Mı	ist end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		e principal office of the Limited Li	iability Company is:
Principal Office A	ddress:	Mailing Address:	12
1106A 10TH STREET		1106A 10TH STREET	
OT OLOUB, ELOBIDA (4700		
ST CLOUD, FLORIDA	14769	ST CLOUD, FLORIDA 34769	
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe	red Office, & Registered Agent's egistered Agent. You must designate an indiv	s Signature:
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Reactive Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an indiv	s Signature:
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Reactive Florida registration.) Florida street address of the DONALD A RUIZZO	red Office, & Registered Agent's egistered Agent. You must designate an indiv	s Signature:
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Reactive Florida registration.) Florida street address of the DONALD A RUIZZO	red Office, & Registered Agent's egistered Agent you must designate an indivine registered agent are:	s Signature:
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered Enpany cannot serve as its own Reactive Florida registration.) Florida street address of the DONALD A RUIZZO Na 1106A 10TH STREET,	red Office, & Registered Agent's egistered Agent you must designate an indivine registered agent are:	s Signature:
ARTICLE III - R (The Limited Liability Cobusiness entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered Enpany cannot serve as its own Reactive Florida registration.) Florida street address of the DONALD A RUIZZO Na 1106A 10TH STREET,	red Office, & Registered Agent's egistered Agent's egistered Agent. You must designate an indivine registered agent are: ame address (P.O. Box NOT acceptable)	s Signature:

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	3
"MGR" = Manager		-
"MGRM" = Managing Member		T
MGR	DONALD A RUIZZO	SSE
	1106A 10TH STREET	
	ST CLOUD, FLORIDA 34769	ر المام ا
		2
		سندا عند منا
		
•		
(Use attachment if necessary)		
LE V: Effective date, if other than the	e date of filing:	(OPTION
ffective date is listed, the date mus	t be specific and cannot be more t	han five busin
or 90 days after the date of filing.)		
,		

Signature of a member of 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.)

DONALD A RUIZZO

Typed or printed name of signec

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nomes	
ARTICLE I - Name: The name of the Limited Liability Company is:	
	y Company, "L.L.C.," or "LLC.")
RUIZZO ENTERPRISES, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1106A 10TH STREET	1106A 10TH STREET
ST CLOUD, FLORIDA 34769	ST CLOUD, FLORIDA 34769
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
DONALD A RUIZZO	
Name	
1106A 10TH STREET,	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
ST CLOUD	FL 34769
City, Stat	e, 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 Signature (REQUIRED

(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:

<u> Fitle:</u>	Name and Address:	<u></u>
'MGR" = Manager		ي ر
'MGRM" = Managing Member		
MGR	DONALD A RUIZZO	gi.
WIGH	1106A 10TH STREET	<u> </u>
	ST CLOUD, FLORIDA 34769	
	01 02000,120100104100	Ti.
·		75
···········		777
· · · · · · · · · · · · · · · · · · ·		
		
The ettechment if magazan		
Ose anachment if necessary)		
•	date of filing:	OITGO
EV: Effective date, if other than the	date of filing: (C	
EV: Effective date, if other than the fective date is listed, the date must	date of filing: (C	
EV: Effective date, if other than the fective date is listed, the date must		
LE V: Effective date, if other than the fective date is listed, the date must		
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)		
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five	
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five or an authorized representative of a member.	e bus
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 6/8)	ror an authorized representative of a member. 408(3), Florida Statutes, the execution of this docum	re bus
fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a constitutes an affirmation under	ror an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a	nent re true.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 6/8 constitutes an affirmation under I am aware that any false inform	ror an authorized representative of a member. 408(3), Florida Statutes, the execution of this docum	nent re true.

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)

Typed or printed name of signee