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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

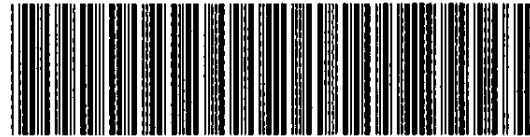
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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Cook | Craig  
Francuzenko  
ATTORNEYS AT LAW

3050 Chain Bridge Road, Suite 200  
Fairfax, VA 22030  
Phone (703) 865-7480  
Fax (703) 434-3510  
www.cookcraig.com

November 14, 2013

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Fabrizio, Lee & Associates, LLC

Dear Sir or Madam:

Enclosed for filing are a Cover Letter and Articles of Organization for Florida Limited Liability Company for the above-described new entity. We also enclose a check in the amount of \$130.0 to cover filing fees and the fee related to one (1) Certificate of Status.

If you have any questions or require further information, please telephone me at your earliest convenience. Otherwise, I look forward to receiving confirmation that the Certificate has been filed.

Sincerely,

A handwritten signature in black ink that reads "Chry T. Craig".

Christopher T. Craig

Enclosures

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Fabrizio, Lee & Associates, 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:

**Christopher T. Craig**

Name of Person

**Cook, Craig & Francuzenko, PLLC**

Firm/Company

**3050 Chain Bridge Road, Suite 200**

Address

**Fairfax, Virginia 22030**

City/State and Zip Code

**ctcraig@cookcraig.com**

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

For further information concerning this matter, please call:

**Christopher Craig**

Name of Person

at **(703) 865-7480**

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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Fabrizio, Lee & Associates, 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:

11 Castle Harbor Isle Drive  
Fort Lauderdale, Florida 33308

### Mailing Address:

11 Castle Harbor Isle Drive  
Fort Lauderdale, Florida 33308

## 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:

CT Corporation System

Name

1200 South Pine Island

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

Plantation, Florida 33324

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)

Assistant Secretary

(CONTINUED)

Page 1 of 2

2013 NOV 18 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Anthony Fabrizio

11 Castle Harbor Isle Drive

Ft. Lauderdale, Florida 33324

MGRM

David Lee

915 King Street, Second Floor

Alexandria, Virginia 22314

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2014. (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.

11/13/2013

(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.)

Christopher T. Craig, Authorized Representative of Anthony Fabrizio

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)**