## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. Woody's of Pace LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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MAR 1 3 2013

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Woody's of Pace 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:  4275 Woodbine Road Pace, FL 32571  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 Plorida registered agent are:  Sal Dibella  Name  9340 Scenic Highway Florida street address (P.O. Box NOT acceptable) Pensacola City Zip  Having been named as registered agent and to accept service of pracess for the above stated limited liability cumpany the place designated in this certificate. I hereby accept the appointment as registered agent and complete performance of my thattes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.  Registered Agent's Signature (REQUIRED) Sal Dibella	pany is.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  4275 Woodbine Road Pace, FL 32571  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 Plorida registration.)  The name and the Florida street address of the registered agent are:  Sal Dibella  Name  9340 Scenic Highway  Florida street address (P.O. Box NOT acceptable)  Pensacola  Fl. 32514  City  Zip  Having been named as registered agent and to accept service of pracess for the above stated limited liability cumpany the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I firther agree to comply with the provisions of all statutes relating to the proper and complete performant of my thattes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.  Registered Agent's Signature (REQUIRED)			
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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	Sal Dibella
MGR	9340 Scenic Highway
	Pensacols, FL 32514
MGR	Joe Dibella
	5037 Avocet Lane
	Pensacola, FL 32514
	<del></del>
EV: Effective date, if other than the da	e of filing:
(Use attachment if necessary)  E V: Effective date, if other than the date to listed, the date must be a filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e of filing:
E V: Effective date, if other than the date trive date is listed, the date must be a filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a real fill accordance with section constitutes an affirmation I am aware that any false	pecific and cannot be more than five business days prior to or 90 days after the period of the perio
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