

L 1400 0054/50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

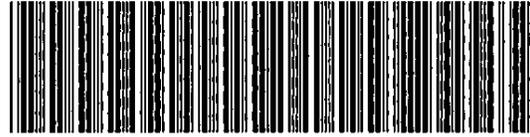
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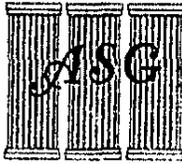
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ANCHORS ♦ SMITH ♦ GRIMSLEY**

A PROFESSIONAL LIMITED COMPANY  
ATTORNEYS AND COUNSELORS AT LAW  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547-6711  
(850) 863-4064 (850) 862-1138 FAX (850) 664-5728 FAX  
WWW.ASGLEGAL.COM  
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C LEDON ANCHORS  
JAMES W. GRIMSLEY  
STEVEN B BAUMAN  
W. SCOTT FOSTER\*  
C. JEFFREY MCINNIS  
RICHARD P. PETERMANN\*  
TIMOTHY W. SHAW

\* ALSO ADMITTED IN ALABAMA

March 27, 2014

SHIRAZ A HOSEIN  
JEFFREY L. BURNS\*  
N. GRESHAM FOSTER  
DEWEY PARKER DESTIN  
—  
WALTER J. SMITH  
1929-2001

Florida Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: **SCHIPANI ENTERPRISES, LLC**

To Whom It May Concern:

Enclosed please find the original Articles of Organization for the above stated entity along with a check in the amount of \$125.00 to cover the fees. If you need any further information, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Sincerely,

SHIRAZ A. HOSEIN, ESQ.

Enclosures as stated

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SCHIPANI ENTERPRISES, 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:

Shiraz A. Hosein, Esq.  
Name of Person

ANCHORS SMITH GRIMSLEY, PLC  
Firm/Company

909 Mar Walt Avenue, Suite 1014  
Address

Fort Walton Beach, Florida 32547  
City/State and Zip Code

tristateenc@aol.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Shiraz A. Hosein at ( 850 ) 863-4064  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHIPANI ENTERPRISES, 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:

2512 Highway 98 West  
Mary Esther, FL 32569

212 Squirrel Haven Road  
Mary Esther, FL 32569

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:

Pat Schipani Name  
212 Squirrel Haven Road  
Florida street address (P.O. Box **NOT** acceptable)  
Mary Esther FL 32569  
City Zip

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*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 605, F.S..*

*Pat Schipani*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Pat Schipani  
212 Squirrell Haven Road  
Mary Esther, FL 32569

AMBR

Joseph C. Schipani  
212 Squirrell Haven Road  
Mary Esther, FL 32569

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Pat Schipani*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

PAT SCHIPANI

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)