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U. BRUCE



August 13, 2014

WILLIAM J. SBARRA 2162 FALLS CIRCLE VERO BEACH, FL 32967

SUBJECT: WILLIAM J. SBARRA, LLC

Ref. Number: W14000049488

We have received your document for WILLIAM J. SBARRA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00017360

2814 AUG 20 AM 11: 30

WILLIAM J. SBARRA 2162 FALLS CIRCLE VERO BEACH, FLORIDA 32967

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: WILLIAM J. SHARRA, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Willims J. Sharka Name of Person
	Firm/Company
	2162 FALLS CIRCLE
	Veno Bench, Floring 32967 City/State and Zip Code
	City/State and Zip Code WTSharks P ACL. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. Shanks at (222) 257 6045

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

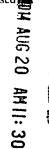
☐\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

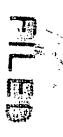
S160.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy in the losed)

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

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2162 FALLS CINC	Le Same
Vere Beach, FL. 32	.947
	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or a registration.)
The name and the Florida street address of the	e registered agent are: AM T. SBARKA Name 62 FALLS CINCLE
Florida street addres	62 Falls Cincle s (P.O. Box NOT acceptable)
	Beach FL 32961
	to accept service of process for the above stated limited liability company at ereby accept the appointment as registered agent and agree to act in this

William Sbarra 2162 Falls Circle The Falls Vero Beach, Fl. 32967

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGP" = Manager	
"MGR" = Manager MANAGU	William J. Shanna
,	0160 Balls Banks
	ALVI PAGS CITALIS
	William J. Sbanns 2162 FAUS CINCLE Von Birch, FL. 32967
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<u> </u>	
(Lise attachment if necessary)	
(Use attachment if necessary) LEV: Effective date, if other than the date of	f filing: (OPTIONAL)
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ARTICLE IV-

Page 2 of 2

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)