## #14000185815

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

Office Use Only



900266577439

11/20/14--01004--020 \*\*125.00

SECRETARY OF STATE

TILD PM F:

K.SALY EXAMINER DEC - 4 2014

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| Ruggiero + Company CPA's LLC  |
| SUBJECT: Ruggiero + Company CPA's 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:   |
| Stephen M. Ruggiero  Name of Person   |
| Name of Person  |
| Ruggiero + Company CPA's LLC Firm/Company   |
| Firm/Company  |
| 481 E Hillsboro Blvd Address  |
| Address   |
| Deerfield Beach FL 33441  |
| Deerfield Beach FL 33441  City/State and Zip Code  hatterns 77 @ hotmail. com   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Stephen M. Ruggiro at 860 978-1403  Name of Person Area Code Daytime Telephone Number   |
| Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| M. W 4 J  |

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:   |
|---|
| Ruggiero + Company CPA's, 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:  |
| Deerfield Beach, FL 33441  Deerfield Beach, FL 33441  Deerfield Beach, FL 33441   |
| 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:  |
| Stephen M. Rilagies   |
| Stephen M. Ruggiero<br>Name   |
| 8073 Montserrat place   |
| Florida street address (P.O. Box NOT acceptable)  |
|   |
| Willington FL 33414  City 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 605, F.S  Registered Agent's Signature (REQUIRED) |

Page 1 of 2

| <u> Fitle:</u>   | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager   | C1   |
| AMBR   | Stephen M. Ruggiero  |
|  | 8073 Montserrat Place  |
|  | Wellington, FL 33414 Que   |
|  | C.S.   |
| <del></del>  |  |
|  |  |
|  |  |
|  | ξ.   |
| <del></del>  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| V: Effective date, if other than the date  | of filing: (OPTIONAL)  |
| tive date is listed, the date must be sp<br>filing.)   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:   | ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:   | ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)  | ecific and cannot be more than five business days prior to or  mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation un | ecific and cannot be more than five business days prior to or  the period of this document of the period of this document of the period of the |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false infor   | ecific and cannot be more than five business days prior to or  mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon  | mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon  | mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon  | ecific and cannot be more than five business days prior to or  mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State   |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon  | mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)   |