

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L15000014587**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H150000204163)))



H150000204163ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHEEHAN & CELAYA, P.A.  
Account Number : I20080000087  
Phone : (863) 465-1551  
Fax Number : (863) 465-5251

2015 JAN 26 AM 8:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: benandme@embarqmail.com

RECEIVED

15 JAN 26 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
SECOND TIME AROUND HC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JAN 27 2015  
J. HARRIS

(((H15000020416 3)))

**ARTICLES OF ORGANIZATION  
SECOND TIME AROUND HC, LLC**

The undersigned certify that they are hereby forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. They further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I  
NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the limited liability company shall be SECOND TIME AROUND HC, LLC, and its principal office shall be located at 19 N. Main Street, Lake Placid, Florida 33852, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate. The mailing address shall be P. O. Box 2981, Lake Placid, Florida 33862.

**ARTICLE II  
PURPOSES AND POWERS**

The limited liability company is authorized to engage in any activity or business authorized under the Florida Statutes.

**ARTICLE III  
DURATION**

This limited liability company shall exist perpetually from the date of the filing of these Articles with the Florida Secretary of State, or until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the limited liability company is 19 North Main Avenue, Lake Placid, Florida 33852, and the

2015 JAN 26 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(((H15000020416 3)))

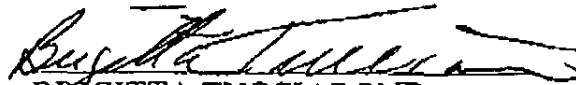
name of the company's initial registered agent at that address is  
BENEDETTO TUCCARONE.

The undersigned, being the sole member of the limited liability  
company, certifies that this instrument constitutes the proposed Articles of  
Organization of SECOND TIME AROUND HC, LLC.

Executed by the undersigned at Lake Placid, Florida, on this 1-26-15  
day of January, 2015.



BENEDETTO TUCCARONE,  
As Co-Trustee of the Tucciarone  
Revocable Living Trust Agreement  
Dated November 25, 1998  
AUTHORIZED MEMBER



BRIGITTA TUCCARONE,  
As Co-Trustee of the Tucciarone  
Revocable Living Trust Agreement  
Dated November 25, 1998  
AUTHORIZED MEMBER

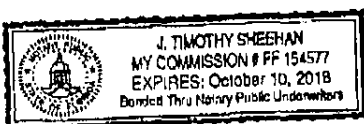
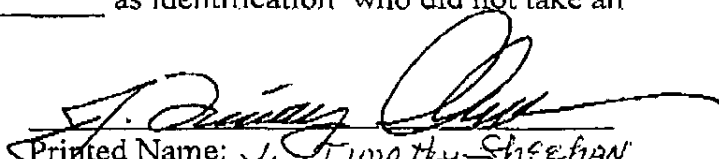
2015 JAN 26 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
day of January, 2015, by BENEDETTO TUCCARONE AND BRIGITTA  
TUCCARONE, AS CO-TRUSTEES OF THE TUCCARONE  
REVOCABLE LIVING TRUST AGREEMENT DATED NOVEMBER 25,  
1998, who are ( X ) personally known to me, or who have ( ) produced  
their \_\_\_\_\_ as identification who did not take an  
oath.

(Affix Seal)

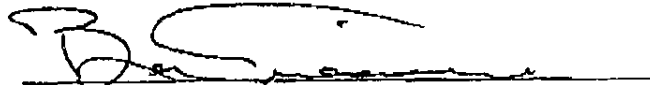



Printed Name: J. Timothy Sheehan  
Notary Public, State of Florida  
My Commission Expires:

(((H15000020416 3)))

**STATEMENT**

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, Florida Statutes.

  
BENEDETTO TUCCIARONE,  
Registered Agent

FILED

2015 JAN 26 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H15000020416 3)))

**SCHEDULE A  
NAME, ADDRESS AND INITIAL  
CAPITAL CONTRIBUTIONS OF THE MEMBER**

<u>Member's Name</u>	<u>Member's Address</u>	<u>Value of Initial Capital Contribution</u>
TUCCIARONE REVOCABLE LIVING TRUST AGREEMENT DATED NOVEMBER 25, 1998	P. O. Box 2981 Lake Placid, Florida 33862	\$100.00

**FILED**  
2015 JAN 26 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H15000020416 3)))