

Division of Corporations

Page 1 of 3

L09000117502

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H09000256091 3)))



H090002560913ABC%

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 : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
 Fax Number : (516)935-3088

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 10 AM 9:00

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

Email Address: lamonica0092@verizon.net

FLORIDA/FOREIGN LIMITED LIABILITY CO.
LaMonica's Services LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

09 DEC 10 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

DEC 11 2009

EXAMINER

H09000256091

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **LaMonica's Services 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:

2330 Ridgeview Drive

2330 Ridgeview Drive

Lakeland, FL 33810

Lakeland, FL 33810

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Anderlea LaMonica

Name

2330 Ridgeview Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Lakeland, FL 33810

(City / State / Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 10 AM 9:00

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 608, F.S.

Anderlea LaMonica

Registered Agent's Signature - Anderlea LaMonica

H09000256091

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

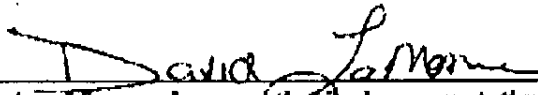
David LaMonica - 2330 Ridgeview Drive, Lakeland, FL 33810

MGR

Anderlea LaMonica - 2330 Ridgeview Drive, Lakeland, FL 33810

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David LaMonica

Typed or printed name of signee