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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(only one of the house have	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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Special Instructions to Filing Officer:	

Office Use Only



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15-41957

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Callisto Realty LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Daria Cirisano	Name of Person)	
·	,	
	Firm'Company)	
20800_NE 30TH Place		
	(Address)	
Aventura, FL 33180 (City.)	State and Zip Code)	
For further information concerning this matter, please	call:	
Daria Cirisano (Name of Person)	at (561) 670-1122 (Area Code & Daytime Tel	ephone 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)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Callisto Realty 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:
20800 NE 30th Place	c/o Daria Cirisano
Aventura, FL 33180	20800 NE 30th Place
	Aventura, FL 33180
Daria Cirisano	Name
20800 NE 30th Place	
<u> </u>	street address (P.O. Box NOT acceptable)
	sucet address (P.O. Box NO1 acceptable)
Aventura FL 33180	FL .
Cit	ty, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a as registered agent as provided for in Chapter 608, F.S.
	· Ce
Registere	ed Agent's Signature

(CONTINUED)

Page 1 of 2

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:
MGRM	Daria Cirisano
	20800 NE 30th Place Aventura FL 33180
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Daria Cirisano	·

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)

Typed or printed name of signee