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(Re	questor's Name)	
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COVER LETTER

Division of Corporations			
J. Ingoglia Building Consultant L.I. SUBJECT:	C.		
Name of L	imited Liabilit	y Company	
The enclosed Articles of Organization and fee(s)	are submitted	for filing.	
Please return all correspondence concerning this	matter to the fo	ollowing:	
John Ingoglia			
	Name of l	Person Person	
J. Ingoglia Building Consultant L.L.	C.		
	Firm/Cor	npany	
12601 Fox Ridge Dr. #5202			
	Addre	ss	
Bonita Springs. FL 34135			
jci503@hotmail.com	City/State and	Zip Code	
E-mail address: (to be us	ed for future at	nnual report notificati	on)
For further information concerning this matter, plea		1	
John Ingoglia	239	431-1415	
		Daytime Telephone	
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	-	Street Address	visi.sa
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee		issee	
P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
J. Ingoglia Building C	Consultant L.L.C.	
		lity Company, "L.L.C.," or "LLC.")
(ividat conta		- · ·
(was conta		
·		
ARTICLE II - Address:	dress of the principal office	of the Limited Liability Company is:
ARTICLE II - Address:	dress of the principal office	of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street add	dress of the principal office I Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
ARTICLE II - Address: The mailing address and street address	l Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street add	LOffice Address:	, , ,

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

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

John Ingoglia		
	Name	
12601 Fox Ridge Dr	. #5202	
Florida street address (P.O. Box NOT acceptable)		
Bonita Springs	_FL	34135
City	State	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 S

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR John Ingoglia 12601 Fox Ridge Dr. Bonita Springs. FL 34135 (Use attachment if necessary) (Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ne date of filing.) Stote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as he document's effective date on the Department of State's records. RETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordable with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. John Ingoglia		
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (If an effective date, if other than the date of filing:		John Ingoglia
(Use attachment if necessary) RETICLE V: Effective date, if other than the date of filing:		12601 Fox Ridge Dr.
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:		Bonita Springs, FL 34135
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	This document is I am aware that a	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State
	John Ingo	glia — — — — — — — — — — — — — — — — — — —

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)