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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 399-0839
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LIMITED LIABILITY COMPANY

RALPH CONTI, JR., LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **RALPH CONTI, JR., LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**15364 AVALON AVENUE
CLEARWATER, FL 33760**

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

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

RALPH CONTI, JR.

Name

15364 AVALON AVENUE

Florida street address (P.O. Box **NOT** acceptable)

CLEARWATER FL 33760

City, State, and 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 608, F.S.

Ralph Conti Jr.

Registered Agent's Signature

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ALP

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Ralph Conti, Jr.

Signature of a member or an 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.)

RALPH CONTI, JR.

Typed or printed name of signer

03/29/18 4:09:58

PHH
AND
PHH