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## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247

Phone : (305) 674-3313 Fax Number : (305) 675-2811

## LIMITED LIABILITY COMPANY

CLITI & ANT, LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I: NAME

The name of the Limited Liability Company Is:

CLITI & ANT, LLC

#### ARTICLE II: Address

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

3175 SHARPE LANE DUNEDIN, FLORIDA 34698

# ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ANTHONY SANTORO 3175 SHARPE LANE DUNEDIN, FLORIDA 34698

Having been named as registered agent 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.

ANTHONY SANTORO / Registered Agent's Signature

#### ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by the one or more members and is, therefore a member-managed company.

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PAGE 2

CLITI & ANT, LLC

#### ARTICLE V: MEMBERS (optional)

MANAGING MEMBER SCOTT COLETTI 3175 SHARPE LANE DUNEDIN, FLORIDA 34698

MANAGING MEMBER ANTHONY SANTORO 3175 SHARPE LANE DUNEDIN, FLORIDA 34698

MANAGING MEMBER ANGIE SANTORO 3175 SHARPE LANE DUNEDIN, FLORIDA 34698

MANAGING MEMBER ALLISON COLETTI 3175 SHARPE LANE DUNEDIN, FLORIDA 34698

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.)

ANTHONY SANTORO

Typed or printed name of signee

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SUCRETARY OF STATE
TALLAHASSEE, FLORIDA