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Special Instructions to	Filing Off	ficer:	
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SECRETARY OF STATE AND A SECRETARY OF STATE

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Michelle A. Cefolia LLC		
(Name of	of Limited Liability Company)	
The enclosed Articles of Organization and fe	e(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
Michelle A. Cefolia		
	(Name of Person)	
	(Firm/Company)	
2549 SE Trail Avenue		
	(Address)	
Port Saint Lucie, Florida	34952	
	(City/State and Zip Code)	
	نب	
For further information concerning this matter	er, please call:	
	F 7	-
Michelle A. Cefolia	er, please call: ACC ATE at (772) 398-9872	E
(Name of Person)	(Area Code & Daytime Telephone Number	ā.
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STREET ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Michelle A. Cefolia 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:
2549 SE Trail Avenue	2549 SE Trail Avenue
Port Saint Lucie, Florida 34952	Port Saint Lucie, Florida 34952
ARTICLE III - Registered Agent, Register The name and the Florida street address of the Michelle A. Cefolia Nan 2549 SE Trail Avenue	red Office, & Registered Agent's Signature: le registered agent are:

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, Florida Statutes..

Registered Agent's Signature

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Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

GRM" = Managing Member	
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e attachment if necessary)	OF STATE FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)