Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001003313)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

Division of Corporations

Fax Number : (850)205-0383

Account Name : AMERICAN FILING SERVICES
Account Number : 120040000066
Phone : (713)729-9569
Fax Number : (305)675-0999

LIMITED LIABILITY COMPANY

Palermo Construction LLC

Certificate of Status Certified Copy 0 Page Count 01 \$130.00 Estimated Charge

Electronic Filing Menu

Corporate Filing

Public Access Help

, tambra hutchinson

ARTICLE I - Name:

HO40001003313

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:		<del></del>
The mailing address and street address of the	ne principal office of the Limited Liability Comp	any is
Principal Office Address:	Malung Address:	
18222 River Oaks Orive	18222 River Oaks Drive	\$ 20
Jupiter	Jupiter	TAY.
Torida 33458	Florida 33458	
	ered Office, & Registered Agent's Signature:	60 :t 14d
	ered Office, & Registered Agent's Signature: he registered agent are:	60 :t Wd
The name and the Florida street address of t  A1A Registered Agent inc	ered Office, & Registered Agent's Signature: he registered agent are:	- PH 149
The name and the Florida street address of t  A1A Registered Agent inc  No.  82 Sadberry Rd	ered Office, & Registered Agent's Signature: he registered agent are:	- CU

Having been named as registered agent and to accept service of process for the above stated limited (lability company at the place designated in this certificate, I hereby accept the oppointment 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...

Page I of 2 (CONTINUED)

MAY-6-2084 80:67 FROM:

11982675861:01

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Michael A. Palermo	
	18222 River Oaks Drive	
	Jupiter, 33458 Florida	
MGRM	Sheri M. Palermo	
• • • •	18222 River Oaks Drive	
•	Jupiter, 33458 Florida	
(Use attachment if necessary)		•
(Osc anacinicin ii necessary)		
en e		
REQUIRED SIGNATURE:  Signature of a member or a condance of the section of the se	n Authorized representative of a member.  108.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)	SLCRETARY OF STATES ON STATES OF STA

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

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)