Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : .075350000353 : (212)431-5000

; (212)431-1441 . Fax Number

LIMITED LIABILITY COMPANY

FPC FLA Realty LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing

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H05000029894 3

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Co	· · · · · · · · · · · · · · · · · · ·
The manie of the Elimied Diability Co	unpany is.
FPC FLA Realty LLC	
ARTICLE II - Address;	;
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
911 Woodmere Circle	911 Woodmere Circle
Ormond Beach, Florida 32174	Ormond Beach, Florida 32174
BLUMBERGEXCEL	SIOR CORPORATE SERVICES, INC. Name
4435 Old Winter Ga	ırden Road ;
Florie	da stroot address (P.O. Box <u>NOT</u> acceptable)
Orlando	FL 32811
	City, State, and Zip
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as all capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and lon as registered agent as provided for in Chapter 608, F.S.
Augusta	ered Agent's Signature
	1 ippr Secty.

(CONTINUED)

For: BlumbergExcelsior Corporate Services, Inc.

Page 1 of 2

BlumbergExcelsior Corporate Services, Inc. 62 White Street, NYC 10013

Its Agent

(212)431-5000

H05000029894 3

B05000029894 3

ARTICLE IV- Manager(s) or Managing Member(s):	•
The name and address of each Manager or Managing Members	er is as follows:

MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Frank Çasatelli
	8 Wildwood Road
	Eastéhester, New York 10709
•	
(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
p Smile	Contract
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated l	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penaltics of perjury herein are true.)
Frank Casatelli	
π	yped or printed name of signee

Filing Feet:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Capy (Optional)
\$ 5.00 Certificate of Status (Optional)

BlumbergExcelsior Corporate Services, Inc.
62 White Street, NYC 10013 Page 2 of 2
(212)431-5000

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