Page 1 of 1

4/13/2005

# Florida Department of State

Division of Corporations Public Access System

### 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.

(((H05000090479 3)))

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

To:

Division of Corporations

rax Number

: (850)205-0383

Account Name

: HUBÇQ

Account Number : 104662003400

Phone

https://efile.sunbiz.org/scripts/efilcovr.exe

: (516)935-3940

: (516)935-3088

Fax Number

# LIMITED LIABILITY COMPANY

Janice Colontonio, LLC

		Certificat	e of Status	1	end Tillian som	
		Certified Copy		0		
		Page Cou	int	762-3	Street Street	
Name Avarability		Estimated Charge		\$130.00	\$130.00	
Document — Electron	ic Filing	Menu.	Corporate Filing	Rubl	Access Help	
15, stater	೧೧೦					
Mydaler Venifyet	DCC					
Asimosted; ement	DCC					
Y P Verifyer	DCC					

H05000090479

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	-	Name
The name of the	T	imited I (ability Co.

The name of the Limited Liability Company is: Janice Colontonio, 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:	
1230 Aguila Loop	1230 Aquila Loop	
Celebration, FL 34747	Celebration, FL 34747	
ARTICLE III - Registered As	gent, Registered Office & Registered Agent's Sign	ature
The name and Florida street address	<del>-</del>	
	Alan Brenner	
	Name	<b></b>
	1230 Aquila Loop	
	(P.O. Box or Mail Drop Box NOT Acceptable)	<b>→</b>
	Celebration, FL 34747	
	(City / State / Zip)	_
at the place designated in this cert capacity. I further agree to comply	agent and to accept service of process for the above stated ificate, I hereby accept the appointment as registered agen with the provisions of all statutes relating to the proper at the and accept the obligations of my position as registered a	t and agree to act in this nd complete performance ngent as provided for in
	_ alan Buman	- in the second
	Registered Agent's Signature - Alan Brenner	

H05000090479

ARTICLE IV - Manager(s) of The name and address of each Man	r Managing Member(s): ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Janice Pilon-214 Cedar Grove Road, Greer, SC 29650
MGR	Gary Pilon-214 Cedar Grove Road, Greer, SC 29650
MGR	Joseph White-65 Autumnvale Drive, Lockport, NY 14095
(In accorda	of a member or authorized representative of a member.  nce with section 608.408(3), Florida Statutes, the execution of this omstitutes an affirmation under the penalties of perjury that the facts in are true.)
	Joseph White
	Typed or printed name of signee

TRECPENSION A 10: 02