Florida Department of State

Division of Corporations Public Access System

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TO:

Division of Corporations

Fax Number : (850)205-0383

Account Name : RICHARD G. COKER, JR., P.A.

Account Number : I20010000145 Phone : (954)761-3636

Fax Number : (954) 761-1818

LIMITED LIABILITY COMPANY

Denuzzio Investment Group III, LLC

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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Denuzzio	Investment Group III, LLC	ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
	(17anic et Dilline	at Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	-
Please return all corresp	ondence concerning this matte	er to the following:	
Richard	G. Coker, Jr., Esquire		· · · · · · · · · · · · · · · · · · ·
	(Name of Person)	
Coker & Feiner		•	38
	(Firm/Company)	_ ≥ 另
			ASA AS
1404 South	Andrews Avenue		SH-
		(Address)	
			.O.S.
Fort (auderdale, FL 33316-1840		
	(Citya	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Faye Johnston, Legal	Assistant	at (_954) 761-3636	
(Name	of Person)	(Area Code & Daytime To	lophone Number)
Enclosed is a check for	r the following amount:		
3 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assec, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations

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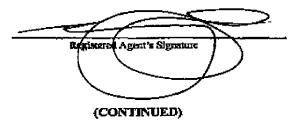
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Denuzzio Investment Group III, LLC		- Tro 05
		SECAL
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liz	bility Company is:-
	•	
Principal Office Address:	Malling Address:	E 9
6100 Bouleyard of Champlons	Same	FLORIDA FLORIDA
North Lauderdale, FL 33068	•	25

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

Raiph D. Denuzzio				_
	Name			
6100 Boulevard of				_
Plen	rida ulmen adilore	CPO Box	NOT acres	de la la la

Having been named as registered agent and to accept service of process for the above stated limited liability company at the plane 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 t am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



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Name and Address: "MGR" = Manager "MGRM" = Managing Member Ralph D. Denuzzio MGR 6100 Boulevard of Champions North Laudendale, FL 330/68...

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

(In accordance with section 603.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the populates of perjury that the facts stated herein are true.)

Raiph D. Denuzzio

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

The name and address of each Manager or Managing Member is as follows:

Typed or printed have of signer

Filias Fean

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

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