DS 0000 95232

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone #	<u>)</u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	.
Certified Copies	_ Certificates of	f Status
Consist Instructions to	Filip - Office -	
Special Instructions to	Filing Officer:	
		MINION.
	Office Hee Cult	1110
	Office Use Only	
		U^{-1}



800059724948

09/19/05--01047--025 **130.00

FILED 05 SEP 19 FM 12: 50

COVER LETTER

TO: Registration Division of	Section , Corporations			
SUBJECT:	Amalfi Proper	ties UC		
	(Name of Limite	ed Liability Company)		•
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.		
Please return all corre	espondence concerning this matt	er to the following:		
	Chad Si	bik Name of Person)		
		(Name of Person)		,
		(Firm/Company)		
	1/248 Ta	br Pd #421	7	<u>ss</u> S
	1010 10	(Address)		
	Part Aca	Address) Address Age FL 30102 (State and Zip Code)	>	61.0
	(City	/State and Zip Code)	, , , ,	<u>ಸ</u> ್
For further information	on concerning this matter, please		FLORID	9 PH I2: 50
Chad	Sibila me of Person)	at (386) 795 (Area Code & Daytime Te	-5900	
(Na	me of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check	for the following amount:			
□ \$125.00 Filing Fe	See \$\infty\$\$\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Analfi Properfies LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:
Principal Office Address: Mailing Address:	
1648 Taylor Rd #421 E same	
1648 Taylor Rd #421 E same Port Orange FL 32128	ē.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Chad Sibila Name Nam	05 SEP 19 PM12: 51
Florida street address (P.O. Box NOT acceptable)	
Port Orange FL 32/28 City, State, and Zip	50
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision	t as

tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u> </u>	Chad M. Sibila 1648 Taylor Rd #421 Port Orange, FL 32128
(Use attachment if necessary)	O5 C
ARTICLE V: Effective date, if other than the continuous of the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior.
REQUIRED SIGNATURE:	Manual September 1975
(In accordance with sof this document conthat the facts stated	
	ryped or printed name of signee
•	Typed or printed name of signee
Filing Fees:	

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