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.

(((H05000238083 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

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Jantomaso LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000238083

ARTICLES OF ORGANIZATION

	LIABILITY COMPANY	
ARTICLE I - Name The name of the Limited Liability Company is: Jantomaso LLC		
ARTICLE II - Address The mailing address and street address of the principal office of	LIABILITY COMPANY O LLC The Limited Liability Company is: Mailing Address:	
Principal Office Address:	Mailing Address:	
11380 7th Street E.	11380 7th Street E.	
Treasure Island, FL 33706	Treasure Island, FL 33706	
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:		
Jon Jantomaso		
Name		
11380 7th Street E.		
(P.O. Box or Mail Drop Box NOT Acceptable)		
Treasure Island, FL 33706 (City / State / Zip)		
Having been named as registered agent and to accept servi at the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all	ce of process for the above stated limited liability company he appointment as registered agent and agree to act in this Il 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, F.S.

Registered Agent's Signature - Jon Jantomaso

	ger(s) or Managing Member(s): each Manager or Managing Member is as follows:
<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Me	Name and Address:
MGRM	Jon Jantomaso-11380 7th Street E., Treasure Island, FL 33706
MGRM	Deana Jantomaso- 11380 7th Street E., Treasure Island, FL 33706
Use attachment if necessa	mv)
REQUIRED SIGNATU	
-	ignature of a member or authorized representative of a member. accordance with section 608.408(3), Florida Statutes, the execution of this
	accordance with section 608.408(3), Florida Statutes, the execution of this
doc	ument constitutes an affirmation under the penalties of perjury that the facts ed herein are true.)
	Jon Jantomaso

Typed or printed name of signee