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SECRETARY OF STATE
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EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations	
•	SUBJECT: Paul Cacciatore LLC. (Name of Limited Liability Company)	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Robert M. Panisch	
	(Name of Person)	
	Law Offices of Robert M. Panisch	
	(Firm/Company)	
	300 South Pine Island Road, Suite 228	
	(Address) AS 08	
	Plantation, FL 33324	602
	(City/State and Zip Code)	 -
	For further information concerning this matter, please call:	
	ORA STA	luerz.
	Robert M. Panisch 954 452-3700 55 3	C. 1986
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
[\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Paul Cacciatore, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Paul Cacciatore, LLC.	Paul Cacciatore, LLC.
581 Gettysburg Terrace	581 Gettysburg Terrace
Plantation, FL 33325	Plantation, FL 33325
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Robert M. Paniscl	
Name	tλJ< ¶

300 S. Pine Island Rd., Suite 228

Plantation, FL 33324 City, State, and Zip

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

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

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

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

"MGR" = Mar $"MGRM" = M$	nager Ianaging Member	Name and Address:	
MGRM		Paul Cacciatore	
		581 Gettysburg Terrace	
		Plantation, FL 33325	
			
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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)