Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number

: (850)617-6383

From:

: DAVID C. HASTINGS, CPA, PA Account Name

Account Number : I2000000168

: (727) 322-0909

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. VINCENT & RHONDA CIPOLLA, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

VINCENT & RHONDA CIPOLLA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:		
2295 HERITAGE DR	SAME		
TITUSVILLE, FL 32780			
	manus		
ARTICLE M - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the incompany cannot be served as a served as	stered Agent. You must designate an individual or another	TI MAR	SECRET DIVISION D
DAVID C HASTINGS CPA		감	ARY CO
Name			
2207 54TH ST S			
Florida street ad	dress (P.O. Box NOT acceptable)	2	등
GULFPORT	_{FL} 33707		75

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM VINCENT CIPOLLA 2295 HERITAGE DR TITUSVILLE, FL 32780 MGR RHONDA CIPOLLA 2295 HERITAGE DR TITUSVILLE, FL 32780 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ _, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RHONDA CIPOLLA

. Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agont

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS