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SECRETARY OF STATE
ALLAHASSEE, FLORIE

J. BRYAN

JUN 27 2011

EXAMINER

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COVER LETTER

ro: Registration Section
Division of Corporations

Division of Corporations
SUBJECT: ANTHONY J. INTIL, 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:
Anthony J. Intili
Anthony J. Intili, LLC.
1542 Jupiter Cove DR
Jupited, FIA, 33469 AJI 1229 De ADL, COM
AJI/229 (a) AOL, COM E-mail address: (to be used for future annual report notification)
· · · · · ·
For further information concerning this matter, please call: Arca Code & Daytime Telephone Number Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1542 Jupiter Cove DR
Jupiter, FLA 33469 SAME
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: ANHONY J. INH.
1542 Jupiter Cove DR.; Apt. 4020
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Typite FL 33469 City, State, and Zip
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 proposition as registered agent as provided for in Chapter 608, F.S
Chilley Stile
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:
MRG	ANthony Intili 1542 Shpiter Cove De Jupiter, FL 33469 ap
	T T T T T T T T T T T T T T T T T T T
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	date of filing: $\frac{\sqrt{23}}{\sqrt{1}}$. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: 100	

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

(In accordance with section 608.408.4), 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.)

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)