212000102758

(Requestor's Name)
,
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Elluty Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Elliss Office
Special Instructions to Filing Officer:
W12000031804
I WINGOUT

Office Use Only

EFFECTIVE DATE 08/08/12



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06/11/12--01037--008 **130.00

D. BRUCE

AUG 09 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2012

MATTHEW WIESENFELD 2423 S. ORANGE AVENUE, PMB #182 ORLANDO, FL 32806

SUBJECT: CARMELLO LLC Ref. Number: W12000031804

We have received your document for CARMELLO LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00016454

FILED

12 AUG -8 PM 2: 57

SECRETARY OF STATE
TALL AUGSSTOF

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	CT: Carmello LLC		
0000	Name of Limited Liability Company		
The encl	losed Articles of Organization and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
<u>1</u>	Matthew Wiesenfeld		
	Name of Person		
_	Firm/Company		
	2423 S. Orange Avenue, PMB #182		
	Address		
	Orlando, FL 32806	SEC	ŗ
_	City/State and Zip Code	<u> </u>	0
C	CarmelloLLC@gmail.com	<u>₹</u>	
_	E-mail address: (to be used for future annual report notification)		
For furth	ner information concerning this matter, please call:)F ST	ָרָ -
Matth	ew Wiesenfeld at (407) 579-8558	2004	(
	Name of Person Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
\$125.00 I	Filing Fee \$\sum \\$130.00\$ Filing Fee & \$\sum \\$155.00\$ Filing Fee & \$\sum \\$160.00\$ Filing Fec & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	IC	L	E	I	-	Na	ımı	e	
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The name of the Limited Liability Company is:

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Va		CI	w	ᄔ	_\

(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: 3058 Carmello Avenue 2423 S. Orange Avenue PMB# 182 Orlando, FL 32814 Orlando, FL 32806

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:

Matthew Wiesenfeld

Name

2423 S. Orange Avenue, PMB#182

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

Orlando

_{FL} 32806

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE 08/08/16

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

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

MGR	Matthew Wiesenfeld
	3058 Carmello Avenue
	Orlando, FL 32814
MGR	Kristin Wiesenfeld
	3058 Carmello Avenue
	Orlando, FL 32814
Use attachment if necessary)	
	e date of filing: June 8th, 2012 . (OPTION

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.)

Matthew Wiesenfeld

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)

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

FILED FILED