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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

DEC 12 2012

COVER LETTER

| ; | TO: | Registration Division of C | | | | |
|---|---------|-------------------------------|---|--|--|----|
| | SUBJ | | Kassner | PUTONTI, | LLC. | |
| | | | | | | |
| | The en | closed Articles | of Organization and fee(s) are sub | mitted for filing. | | |
| | Please | return all corres | pondence concerning this matter | to the following: | | |
| | | | hard Putonti | ame of Person | | |
| | | K | assner Puton | | | |
| | | | Fi | rm/Company | | |
| | | C | 0940 Bay Driv | 10, Apt #5 | | |
| | | | | Address | 2012 | |
| | | 1 | Miami Beach | 7 Fr 33141 | OEC CRET | 7 |
| | | | City/S | tate and Zip Code | SSS | - |
| | | • | Putont a l E-mail address: (to be used for t | MSn. Con | 70 3 | į. |
| | For fur | ther information | concerning this matter, please ca | | & 20 STATE FLORID | • |
| | 10114 | | | | 5,0 | |
| | | Kicha | of Person a | (305, 205 | 4063 | |
| | | Name | of Person | Area Code & Daytime Telep | hone Number | |
| | Enclos | sed is a check for | or the following amount: | | | |
| { | \$125. | 00 Filing Fee | □\$130.00 Filing Fee & □ Certificate of Status | 2\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & 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 Ci | ircle | |

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.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is |
| Principal Office Address: Mailing Address: |
| 6940 Bay Drive 6940 Bay Drive Apt #5 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 |
| 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: Cher Lintonti Name Drive #5 Florida street address (P.O. Box NOT acceptable) Miami Beadel 33141 City, State, and Zip |
| Having been named as registered agent and to accept service of process for the above stated limite 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) SEGRETARY OF SIA Page 1 of 2 Registered Agent's Signature (REQUIRED) AND SEGRETARY OF SIA |
| |

| authorized representative of a member. | " = Manager M" = Managing Member CR | Name and Address: |
|---|--|--|
| of filing: (OPTIONA pecific and cannot be more than five busine | C O | |
| of filing: (OPTIONA pecific and cannot be more than five busine | <u>ar</u> | Richard Putonti |
| of filing: (OPTIONA pecific and cannot be more than five busine | , | MIAMI BEACH FL 33141 |
| of filing: (OPTIONA pecific and cannot be more than five busine | C R | Palal Vassage |
| of filing: (OPTIONAl pecific and cannot be more than five busines authorized representative of a member. | | 9380 Killian Delle SWII2th Stre |
| pecific and cannot be more than five busine | | Miani, FL 33176 |
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| pecific and cannot be more than five busine | Effective date, if other than the d | late of filing: (OPTIONA) |
| authorized representative of a member. A Florida Statutes, the execution of this document natices of perjury that the facts stated herein are take. | date is listed, the date must b | be specific and cannot be more than five business |
| authorized representative of a member.), Florida Statutes, the execution of this document naltics of perjury that the facts stated herein are take. | lays after the date of filing.) | |
| authorized representative of a member.), Florida Statutes, the execution of this document natices of perjury that the facts stated herein are take. | | |
|), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are fair. | IDED SIGNATURE. | 1) 1) |
|), Florida Statutes, the execution of this document, naltics of perjury that the facts stated herein are take. | IRED SIGNATURE: | |
|), Florida Statutes, the execution of this document, naltics of perjury that the facts stated herein are this. | IRED SIGNATURE: | or an authorized representative of a member. |
| when the district the second the | | 19 44 |
| vided for in s.817, 35, F.S.) | Signature of a member of (In accordance with section 608.46 | 08(3), Florida Statutes, the execution of this document |
| bard Putont | Signature of a member of a mem | ne pénalties of perjury that the lacts stated herein are faie. |
| printed name of sign | Signature of a member of a mem | ne penalties of perjury that tion submitted in a docum- |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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