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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
STORY OF STATE

C. LEWIS
WARD P 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2013

NICHOLAS T. CALICCHIO LLC 15800 BROTHERS COURT, UNIT 5 FORT MYERS, FL 33912

SUBJECT: NICHOLAS T. CALICCHIO LLC

Ref. Number: W13000013049

We have received your document for NICHOLAS T. CALICCHIO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00005175

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

Nicholas T. Calicchio 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:

Nicholas T. Calicchio LLC

Name of Person

Nicholas T. Calicchio LLC

Pirm/Company

15800 Brothers Court, Unit #5

Address

Fort Myers, Florida 33912

City/State and Zip Code

nickcall15@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas T. Calicchio

__239

989-8781

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tailahassoo, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	ipany is:
Nicholas T. Callechio LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
MATATE W. Address.	
ARTICLE II - Address:	
The mailing address and street address	Pak
the manning address and survey address	of the principal office of the Limited Liability Company is
•	
Principal Office Address:	Mailing Address:
•	
Principal Office Address:	Mailing Address:
Principal Office Address:	Mailing Address: 15800 Brothers Court, Unit #5
Principal Office Address:	Mailing Address: 15800 Brothers Court, Unit #5

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:

Name

15580 Brothers Court, Unit #5

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

Fort Myers, Florida 33912_{FL}

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)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	FIL SECRETARY IVISION OF C
"MGR" = Manager "MGRM" = Managing Member	. 2	013 MAR 26
Manager	Nicholas I Ca	11ccl
	15580 Brothers Court, Unit #5	
	Fort Myers, Florida 33912	
MgR.	DANIEL MISKULIN	
•	8289 SAN MARCOS AUE FT-MUERS FL 33919	
	FI-MYERS FL 33414	

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(Use attachment if necessary)		
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LE V: Effective date, if other than the frective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 60)	st be specific and cannot be more than	five business

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)