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(Requestor's Name)
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COVER LETTER

TO:

Registration Section
Division of Corporations

CL Mazzuto LLC

SUBJECT

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:

Cynthia L. Mazzuto

Name of Person

CL Mazzuto LLC

Firm/Company

16000 Portofino Circle, Apt 112

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

cynthia@mazzuto.com

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

For further information concerning this matter, please call:

Cynthia L. Mazzuto

561

594-6422

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)

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CI Mazzuto LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
CL Mazzuto LLC	CL Mazzuto LLC	
16000 Portofino Circle, Apt 112	16000 Portofino Circle, Apt 112	
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418	
ARTICLE III - 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 re Cynthia L. Mazzuto	ered Agent. You must designate an individual or another	2012 0CT 28 PN 12: 02
Name	5	7 .
16000 Portofino Circle, Apt 112	1.1.1 1.1.1 1.1.1	≅ & ⊆ _
Florida street add	Iress (P.O. Box NOT acceptable)	∞; ≝
Palm Beach Gardens	្ន 33418 🗟	를 했
City, Sta	ate, and Zip	F 2
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	this certificate, I hereby accept the appointm ity. I further agree to comply with the provi te performance of my duties, and I am famili	ent as isions of iar with

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:

"MGR" = Manager "MGRM" = Managing Membe	Name and Address: er
MGRM	Cynthia L. Mazzuto
	16000 Portofino Circle, Apt 112
	Palm Beach Gardens, FL 33418
	
·	
(Use attachment if necessary)	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business da iling.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of f	te must be specific and cannot be more than five business da
CLE V: Effective date, if other effective date is listed, the da	te must be specific and cannot be more than five business da
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of f REQUIRED SIGNATURE:	te must be specific and cannot be more than five business da illing.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of for 90 days after the date of for Signature of a constitutes an affirmation of a may after that any fall	te must be specific and cannot be more than five business da illing.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of for 90 days after the date of for Signature of a constitutes an affirmation of a may after that any fall	te must be specific and cannot be more than five business da illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

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

\$ 5.00 Certificate of Status (Optional)