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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. A. CAN

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:

MICHAEL CANTONE	
Name of Person	
Firm/Company	
2980 HAINES BAYSHORE ROAD \$ 108	
Address	
CLEARWATER FL. 33960	
City/State and Zip Code	
CLEARWATER, FL 33760 City/State and Zip Code MCAN 8899 @ 101. COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	-
AND NO.	14
For further information concerning this matter, please call: MICHAEL CANTONE at 727 530- 4727 Name of Person Age Code & Daving Telephore Number 75	Sections:
Area Code & Dayume Telephone Munice	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &	
(additional copy is enclosed) 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

The name of the Limited Liebility Commons in	
The name of the Limited Liability Company is:	
M.A. CANTONE, LLC (Must end with the words "Limited Liability")	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2980 ANNES BAYSHORE RO \$108 CLEARWATER, FL 33760	2980 HAINES BAYSHORE RD £108 CLEARWATER, FL 33760
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 r PATRICIA GUNN Name 2980 HAINES BLYS Florida street add CLEARWATER City, St.	egistered agent are: ADRE RO 4/10 Iress (P.O. Box NOT acceptable)
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate, I hereby accept the appointment as tity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with the gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL CANTONE 2980 HAINES BAYSHORE RO # 10 CLEARWATER, FL 33760
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than If an effective date is listed, the date is	n the date of filing: <u>JANUARY</u> 1, <u>2014</u> (OPTIONAL) nust be specific and cannot be more than five business
ARTICLE V: Effective date, if other than	n the date of filing: <u>JANUARY</u> 1, <u>2014</u> (OPTIONAL) nust 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)

Page 2 of 2

MICHAEL CANTONE

Typed or printed name of signee

(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.)

EFFECTIVE DATE 0/01/14