

L13000172319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

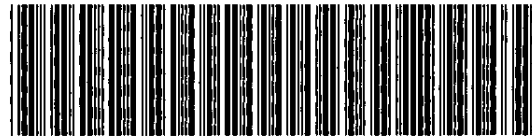
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DEC 13 2013
A. LUNT
WB-58705

Office Use Only



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10/21/13--01013--014 **130.00

FILED
2013 DEC 12 AM 10 53
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2013

JOHN PALLADINO
51 PINE TRACE LOOP
OCALA, FL 34472

SUBJECT: JOHN PALLADINO LLC
Ref. Number: W13000058705

We have received your document for JOHN PALLADINO 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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 513A00024673

(850) 245-6051

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John Palladino 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:

John Palladino

Name of Person

John Palladino LLC

Firm/Company

51 Pine Trace Loop

Address

Ocala FL 34472

City/State and Zip Code

johnnypalladino@gmail.com

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

For further information concerning this matter, please call:

John Palladino

Name of Person

at (**352**) **213-9619**

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

FILED
 2013 DEC 12 AM 10:58
 TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John Palladino LLC

(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:

51 Pine Trace Loop

Ocala FL 34472

51 Pine Trace Loop

Ocala FL 34472

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:

John Palladino

Name

51 Pine Trace Loop

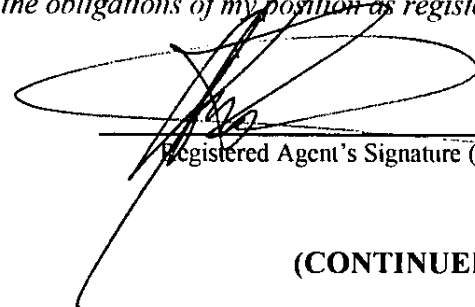
Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34471

City, State, and Zip

FILED
2019 DEC 12 AM 10 59
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
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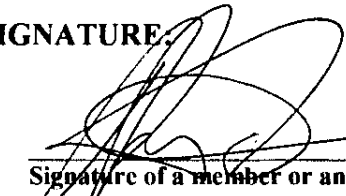
2013 DEC 12 AM 10 53
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STATE OF FLORIDA
DEPARTMENT OF STATE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John Palladino

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)