LI4000031804

(Requesto	or's Name)
(Āddress)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
W14-5790	

Office Use Only



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2014 FEB - 6 PM 4: 28

FEB 07 2014

D. C. J. J.



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2014

ANTONIO PROSPERI 1956 LAKE ATRIUM CIRCLE #148 ORLANDO, FL 32839

SUBJECT: ANTONIO SERVICES LLC

Ref. Number: W14000005790

We have received your document for ANTONIO SERVICES 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 name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P13000045481.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00001893

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Antonio Service 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:	
Antonio Prosperi	
Name of Person	
Antonio Service LLC	
Firm/Company	
1956 Lake Atrium Circle #148	
Address	
Orlando FL 32839	2014 F
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	PM 4: 2: of:SIATE of:Dalo
Antonio Prosperi 407 690-7290	M 4: 28
Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	e of Status &
Mailing Address Street/Courier Address	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

-	·	ncipal office of the Limited Liability Company is:	
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
1956 Lake Atrium Circle #	148	1956 Lake Atrium Circle #148	
Orlando FL 32839		Orlando FL 32839	
	tity with an active Florida reg	•	2
	Antonio Prosperi	Name	
	1956 Lake Atrium Circle #148	10000000000000000000000000000000000000	837 837
		P.O. Box NOT acceptable)	6
	Orlando	FL 32839) } }
	- C'-	Zip $\subseteq G$	
	City	S.E.	

Page 1 of 2

(CONTINUED)

	itle:	Manchen	Name and Address:		
	AMBR" = Authorized MGR" = Manager	Member			
	MGR		Antonio Prosperí		
			1956 Lake Atrium Circle #148		
			Orlando FL 32839		
_					
_					
-					
(1	Use attachment if nece	ssary)			
TCLE	V: Effective date, if o	ther than the date of t	Gling: 01/17/14		
n effec	ctive date is listed, the	date must be specifi	ic and cannot be more than five business days prior to or 90 days a		
	VI: Other provisions,	: 6			

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Forida 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.)

Antonio Prosperi

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

