L4000106334

(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:
·

Office Use Only



800261783788

07/07/14--01029--004 **125.00

HILLED

SECRETARY STATE

ALL AND ALL A

JUL 0 8 2014 S. YOUNG

COVER LETTER

			(additional copy is enclosed)
☑ \$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
Enclosed is a check fo	r the following amount:		
Anthony Daniello Nam	at (at (561) 756-7997 Area Code Daytime Te	lephone Number
For further information	n concerning this matter, ple	ase call:	
<u>adanieilo82@gr</u>	E-mail address: (to be use	d for future annual report notification	ation)
- d-wi-#-00@		City/State and Zip Code	
palm bea	ch gardens Florida 33410) City/State and Zip Code	
		Address	
<u>1003 rair</u>	ntree lane		
Addition	, LLO	Firm/Company	
Adaniello	ALI C		
		Name of Person	<u> </u>
Anthony	Daniello		
Please return all corre	spondence concerning this m	natter to the following:	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
	Name of Li	mited Liability Company	WIT SECON
SUBJECT: Adanie	llo LLC		

Registration Section
Division of Corporations

TO:

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:		
Adaniello 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 o	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1003 rain tree lane Palm Beach Gardens flori	1003 rain tree lane Palm Beach Florida :	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered	Registered Agent. You must designate an individual n.)	l or
Tracy Maury		
Name		
255 sunrise ave suite 201		
Florida street address (P.O. Box	(NOT acceptable)	
Palm beach	FL 33480	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	t the appointment as registered agent and agree to ac of all statutes relating to the proper and complete per	t in this formance
2/11/	ar = = = = = = = = = = = = = = = = = = =	
Registered Agent's Signal	ture (REQUIRED)	-
(CONTINU	ED)	<u> </u>
Page 1 of 2		[T]

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager none	-	N/A		
		<u> </u>		
effective date is listed, the	ther than the date of filing	g: (OP nd cannot be more than five business day	I'IONAL) s prior to or 90	0 da
CLE V: Effective date, if of the control of the con	ther than the date of filing date must be specific an	g: (OP^nnd cannot be more than five business day	I'IONAL) s prior to or 90	0 da
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions, REQUIRED SIGNAT	ther than the date of filing date must be specific at if any.	nd cannot be more than five business day	s prior to or 90	0 da
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes and I am aware the	if any. URE: ignature of a member of with section 605.0203 affirmation under the peat any false information:	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the enalties of perjury that the facts stated herein submitted in a document to the Department ovided for in s.817.155, F.S.)	iber. his document in are true.	0 da
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term of the signal	ignature of a member of eat any false information under the peat any false information at third degree felony as products.	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the example	iber. his document in are true.	0 da
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term of the signal	ignature of a member of eat any false information under the peat any false information at third degree felony as products.	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the example	iber. his document in are true. t of State	4
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term of the signal	ignature of a member of eather than the date of filing date must be specific and if any. URE: ignature of a member of the with section 605.0203 affirmation under the period at any false information whird degree felony as proteined degree felony as proteined at any false information. Types of Anthony E. Daniello Types of Articles of Organization.	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the example	iber. his document in are true. t of State	0 da