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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
4	Office Use Only	1



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SECRETARY OF STATES

SEP OZ ZONA J. HARRIS

COVER LETTER

Division of Corporations		
SUBJECT: Pacetti Holdings LLC		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
William D. Pacetti		
	Name of Person	
Pacetti Holdings LLC		
	Firm/Company	
716 Princeton Hills Drive		
	Address	
Brentwood TN 37027		
	ity/State and Zip Code	
willpac@comcast.net E-mail address: (to be used	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase call:	
William D Pacetti at (6	615) 419-0006	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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	Street/Courier Addi	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	ione
P.O. Box 6327	Clifton Building	IUIIS
Tallahassee FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
Pacetti Holdings LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
716 Princeton Hills Drive Brentwood TN 37027	716 Princeton Hills Drive Brentwood TN 37027
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Ronald Pacetti Name	
1301 PLANTATION ISLAND DE Florida street address (P.O. Box N	OT acceptable)
ST AUGUSTINE	FL 32080 Zip
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at ne appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Ronald M	Paul
Registered Agent's Signatur	e (REQUIRED)
(CONTINUEI	AUG 2.

Page 1 of 2

CF CONTRATIONS
25 PM 1: 47

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	William Dala Basetti
MGR	William Dale Pacetti 716 Princeton Hills Dr
	Brentwood TN 37027
AMBR	Annette S. Pacetti
	716 Princeton Hills Dr
	Brentwood TN 37027
	
	
	
(Use attachment if necessary)	
• •	Selina. (OPTIONAL)
EV: Effective date, if other than the date o	of filing: (OPTIONAL)
EV: Effective date, if other than the date o ective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.)	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under	Sific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. action submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Page 2 of 2

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)