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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	a #)
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SECRETARY OF STATE
TALLAHASSEF, FI ORITIA

T. Burch 25 1.2 2014

## **COVER LETTER**

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT: <u>Battista</u>	a Enterprises,Ilc.	***************************************	
		Name of Lin	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	natter to the following:	
	Daniel B	Kenney		
			Name of Person	
	<u>Battista</u>	Enterprises,llc.		
			Firm/Company	
	409 Poir	nsettia ave.		
			Address	
	Lehigh A	cres.FI 33972	City/State and Zip Code	····
ds	anken1599@v		Enyistate and Elp Code	
_36	1116111000	E-mail address: (to be use	d for future annual report notification	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Danie	LB. Kennev	at (	239 ) 601-6073	
		ne of Person		lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	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)
	Ma	iling Adduses	Street/Courier Add	maga.

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:	
Battista Enterprises, Ilc.	iability Company, "L.L.C.," or "LL.C.")
(Must clid with the words Ellinted E	nability Company, L.L.C., or LLC.
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
409 poinsettia Ave. Lehigh Acres. Fl. 33936	same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Daniel B. Kenney	
Name	AS SE
409 poinsettia Ave.	datase
Florida street address (P.O. Box 1	
Lehigh Acres,	FL 33972
City	Zip ON E
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the 605, F.S
0 11	
Registered Agent's Signatu	(REQUIRED)
(CONTINUE	D)

Page 1 of 2

<u>Title;</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Daniel B. Kenney
	SEC ALL
	ART P
· · · · · · · · · · · · · · · · · · ·	
	NATE S
(Use attachment if necessary)  E V: Effective date, if other than the date at the date is listed, the date when the date is listed.	e of filing: <u>9/3/2014</u> . (OPTIONAL)
EV: Effective date, if other than the dat	e of filing: <u>9/3/2014</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	e of filing: 9/3/2014 . (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be suffilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)