

L14000166719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

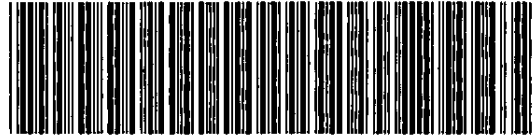
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/23/14--01007--016 **130.00

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14 OCT 23 AM 7:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers OCT 27 2014

AFFORDABLE LEGAL CLINIC, INC.

426 E. Highway 434 • Winter Springs, Florida 32708

Post Office Box 180292 • Casselberry, Florida 32718-0292

Telephone: (407) 327-5297 • Facsimile: (407) 327-8444 • e-mail: tbinford@cfl.rr.com

October 20, 2014

Secretary of State
Division of Corporations
Post Office Box 6327
The Capitol
Tallahassee, Florida 32399-6327

Re: COSENTINO 111, LLC.

Division of Corporations:

Enclosed please find two copies of the Articles of Incorporation and cover letter for a new Florida corporation now being formed -- COSENTINO 111, LLC.

Also enclosed please find our check in the amount of \$130.00. This check includes payment for the following:

Filing fee	\$125
Certificate of Status	<u>5</u>
TOTAL	\$130.00

Please send the duplicates of the Articles of Organization and Certificate of Status to Affordable Legal Clinic, Inc., 426 E. Hwy 434, Winter Springs, Florida 32708.

Your cooperation in this matter is appreciated.

Sincerely,



Thomas A. Binford

Enclosures
TAB:rr

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COSENTINO 111, 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:

CHRIS F. COSENTINO

Name of Person

COSENTINO 111, LLC

Firm/Company

708 Drywood Ave.

Address

Fern Park, Florida 32730

City/State and Zip Code

sunta.demention@gmail.com

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

For further information concerning this matter, please call:

CHRIS F. COSENTINO at (407) 731-3091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COSENTINO 111, 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:

708 Drywood Ave.
Fern Park, Florida 32730

708 Drywood Ave.
Fern Park, Florida 32730

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:

CHRIS F. COSENTINO

Name

708 Drywood ave.

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

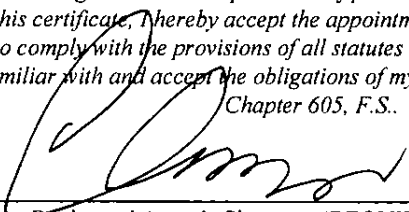
Fern Park

FL 32730

City

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FRANK J. COSENTINO

708 Drywood Ave.

Fern Park, Florida 32730

AMBR

CHRIS F. COSENTINO

708 Drywood Ave.

Fern Park, Florida 32730

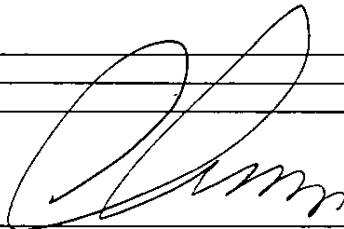
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

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

CHRIS F. COSENTINO

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)

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TALLAHASSEE, FLORIDA
FILED