

From:

11/17/2014 11:2

202 P.001/004

Division of Corporations

Page 1 of 1

L14000175535

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

14 NOV 12 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ATOZ ^{Holding} ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 NOV 12 PM 2:25

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Corporate Filing Menu

Help

From:

11/11/2014 11:28

#202 P.002/004

850-817-8381

11/7/2014 8:22:41 AM PAGE 1/001 Fax Server



November 7, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: ATOZ HOLDINGS, LLC
REF: W14000067247

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or 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.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000114655.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000258435
Letter Number: 614A00023832

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14 NOV 12 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICE

P.O. BOX 6327 - Tallahassee, Florida 32314

From:

11/11/2014 11:28

#202 P.003/004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATOZ HOLDINGS 1, LLC

(Must contain 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:

C/O FRANK PANTALEO

1655 BREAKERS WEST BLVD

WEST PALM BEACH, FL 33411

C/O FRANK PANTALEO

1655 BREAKERS WEST BLVD

WEST PALM BEACH, FL 33411

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:

FRANK PANTALEO

Name

1655 BREAKERS WEST BLVD

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


WEST PALM BEACH

City

FL 33411

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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14 NOV 12 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

From:

11/11/2014 11:28

#202 P.004/004

ARTICLE IV-

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

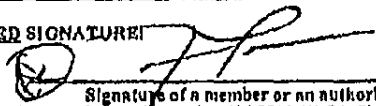
<u>Title:</u>	<u>Name and Address:</u>
"AMDR" = Authorized Member	
"MOR" = Manager	
<u>NORM</u>	<u>FRANK PANTALEO AND DENISE PANTALEO HUSBAND AND WIFE</u> <u>1666 BREAKERS WEST BLVD</u> <u>WEST PALM BEACH, FL 33411</u>
<u>AMDR</u>	<u>ALEX PANTALEO</u> <u>1666 BREAKERS WEST BLVD</u> <u>WEST PALM BEACH, FL 33411</u>
<u>AMDR</u>	<u>AUSTIN PANTALEO</u> <u>1666 BREAKERS WEST BLVD</u> <u>WEST PALM BEACH, FL 33411</u>
<u></u>	<u></u>
<u></u>	<u></u>

(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.817.135, F.S.)

FRANK PANTALEO

Typed or printed name of signer

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)