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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEMPLES DEC 55 501H

COVER LETTER

Division of Corporations	
SUBJECT: Pellizze Solutions, LLC	
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Janet Pellizze	
	Name of Person
Pellizze Solutions, LLC	
	Firm/Company
1317 Mohegan Terrace SE	Address
	Addition
Palm Bay, FL 32909	City/State and Zip Code
JPellizze@gmail.com	•
`	d for future annual report notification)
For further information concerning this matter, ple	ase call:
Janet Pellizze at (
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
2 \$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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 Limite	d Liability Company	is:		
Pellizze Solutions, L	LC			
4)	Must end with the wor	rds "Limited Lia	bility Company, "L.L.C.," or "	LLC.")
ARTICLE II - Addres	33:			
The mailing address an	d street address of the	e principal office	e of the Limited Liability Comp	pany is:
Principal Office Addr	<u> (635:</u>	1	Mailing Address:	
1317 Mohegan Terra	ice SE		1317 Mohegan Terrace SE	
Palm Bay, FL 32909			Palm Bay, FL 32909	
	Company cannot serve with an active Florid	re as its own Reg la registration.)	Registered Agent's Signature: gistered Agent. You must desig ent are:	
	Janet Pellizze			
		Name		
	1317 Mohegan Ter	rrace SE		
	Florida street addre	ss (P.O. Box <u>N</u>	OT acceptable)	
	Palm Bay		FL 32909	
	Cit	ty	Zip	
the place designate capacity. I further as	d in this certificate, I h gree to comply with the	hereby accept the e provisions of a	e of process for the above stated e appointment as registered age ll statutes relating to the proper tions of my position as registere 605, F.S	nt and agree to act in this and complete performance
	Jones	- Pell	lizze	A SEC
	Registered A	gent's Signature	(KEQUIRED)	4 DEC 18 AMIC
	((CONTINUED)	SE 38
		Page 1 of 2		

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager AMBR	Janet Pellizze	
	1317 Mohegan Terrace SE	
	Palm Bay, FL 32909	
•		
•		
 		
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(Use attachment if necessive date, if excive date is listed, the filing.)	essary) other than the date of filing: January 1, 2015 date must be specific and cannot be more than five business days price	NAL) ior to or 9
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ARTICLE-IV-