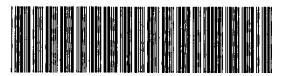
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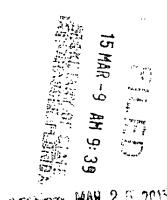
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	J Minitello Services, LLC
3011012	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	John Paul Minitello
	Name of Person
	J Minitello Services, LLC
	Firm/Company
	2626 Arbor Ln
	Address
	Royal Palm Beach, FL 33411
	City/State and Zip Code
	lorilovesdeco@gmail.com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
Jol	nn Paul Minitello at (561) 441-5507 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
<u>-</u> -	d is a check for the following amount:
]\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address Registration Section Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

0 1911	initello Servic	æs, LL	i.	
(Must end with th	e words "Limited L	iability Co	mpany, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal offi	ce of the L	imited Liability Co	mpany is:
Principal Office Address:	Mailing	Address:		
2626 Arbor Ln			2626 Arbor Lr	1
Royal Palm Beach, FL 334	11	R	oyal Palm Beach, F	L 33411
another business entity with an active I The name and the Florida street address	s of the registered ag	gent are:		
	John Paul N	/linitello	· · · · · · · · · · · · · · · · · · ·	
	Name			
	2626 Arbo			
Florida street a	address (P.O. Box <u>N</u>	OT accep	table)	
Royal I	Palm Beach	FL	33411	
	City		Zip	
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply we of my duties, and I am familiar with a Register	te, I hereby accept the ith the provisions of and accept the oblig	he appoints ali statutes ations of m 605, F.S	ment as registered a relating to the prop ny position as registe	igent and agree to act in this per and complete performan

Title:	Name and Address:
"AMBR" = Authorized Member	THIRE HIT CAUGE COST
"MGR" = Manager	
AMBR	John Paul Minitello
	2626 Arbor La
	Royal Palm Beach, FL 33411
AMBR	
	
AMBR	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section a constitutes an affirmation unlimit any false in	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section a constitutes an affirmation unlimit any false in	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are frue. formation submitted in a document to the Department of State:
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section a constitutes an affirmation unlimit any false in	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this doriment ander the penalties of perjury that the facts stated herein are frue. formation submitted in a document to the Department of State icny as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section a constitutes an affirmation unlimit any false in	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are frue. formation submitted in a document to the Department of State; leny as provided for in s.817.155, F.S.)