

L15 000 078886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

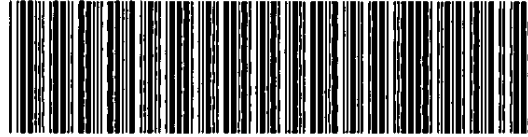
(Business Entity Name)

(Document Number)

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03/27/15--01026--021 **155.00

Effective Date 3/25/14

FILED
15 MAR 27 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 6 2015
T. HAMPTON

28762-516

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.P. CASSANITI CONSTRUCTION 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:

JP CASSANITI
Name of Person

J.P. CASSANITI CONSTRUCTION LLC.
Firm/Company

309 GOODLETTE RD. S. 502 A
Address

NAPLES FLORIDA 34102
City/State and Zip Code

JPCASS2003@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIN CASSANITI at (239) 877-6768
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

JP CASSANITI
309 GOODLETTE RD S 502 A
NAPLES, FL 34102

SUBJECT: J.P. CASSANITI CONSTRUCTION LLC
Ref. Number: W15000027183

15 MAY -5 7:10:00
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for J.P. CASSANITI CONSTRUCTION LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 315A00007783

Effective Date

3/25/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.P. CASSANITI CONSTRUCTION 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:

309 GOODLETTE RD. S. 502A

309 GOODLETTE RD. S. 502A

NAPLES FLA.

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:

JOSEPH CASSANITI

Name

309 GOODLETTE RD. S. 502A

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

NAPLES

FL 34102

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.

Joseph Cassaniti
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:

JOSEPH CASSANITI

309 GOODLETTE RD. S.

502A NAPLES FLORIDA

AMBR

CHRISTIN CASSANITI

2560 4TH AVE. SE

NAPLES FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 25 2015 (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.

N/A

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.)

JOSEPH CASSANITI

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)

FILED
15 MAR 27 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA