(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



04/30/15--01030--020 \*\*125.00

5/12/15

## **COVER LETTER**

то:	Registration Division of 0	Section Corporations			•
SUBJI	ЕСТ:		wning St LLC nited Liability Co	ompany	<u>.</u>
		of Organization and fee(s) ar			
Please	return all corre	spondence concerning this ma	atter to the follow	ving:	
		Р	Paul Puzzanghe Name of Perso		
		AJM <u>13</u>	22 Browning St Firm/Compan		
		14	471 S Missouri . Address	Ave	
			earwater Fl 337 ity/State and Zip		
		PPuz E-mail address: (to be used	zanghera@hotr I for future annua	mail.com al report notifica	ition)
For fur	ther informatio	n concerning this matter, plea	ise call:		
Paul F	<sup>D</sup> uzzanghera Nar	at (at (	727 ) Area Code	321-7285 Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:			
] \$125.0	00 Filling Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional cop	рру	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg	iling Address istration Section	Regis	et/Courier Addi stration Section	
	P.O	ision of Corporations . Box 6327 ahassee, FL 32314	Clifte 2661	sion of Corporat on Building Executive Cent thassee, FL 3230	er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
AJM 1322 Browning		<u>.</u>
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
1471 S. Missouri Avenue	1471 S Missouri Avenue	
Clearwater , FI 33756	Clearwater , Fl 33756	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Agent. You must designate	e an individual or
The name and the Florida street address of the registe	red agent are:	
Insight Accour Na	nting LLC une	
801 West Bay D Florida street address (P.O. I		
Largo	FL 33770	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	cept the appointment as registered agent a ons of all statutes relating to the proper and	and agree to act in this d complete performance gent as provided for in
Registered Agent's Sig	•	2015 APR 30
(CONTI)	NUED)	CO A FO
Page I	of2	STATE CORRECT

Filing Fees:	<u>Γitle:</u>	Name and Address:
Use attachment if necessary)  Use attachment if necessary  Use attachment if necessary)  Use attachment if necessary  Use attachment i	AMBR" = Authorized Men	mber
Use attachment if necessary)  V: Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 days (filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature		
Clearwater, Florida 33756  Use attachment if necessary)  V: Effective date, if other than the date of filing:	AMBR	Paul Puzzanghera
Use attachment if necessary)  V. Effective date, if other than the date of filing:		14/1 S MISSOURI AVE
Use attachment if necessary)  V: Effective date, if other than the date of filing:		Clearwater, Florida 33756
Use attachment if necessary)  2. V: Effective date, if other than the date of filing:		
Use attachment if necessary)  V: Effective date, if other than the date of filing:		
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CV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
Security of a member or an authorized representative of a member.  (In accordance of the Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes and formation 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.)  Paul Puzzanghera  Typed or printed name of signee  Filing Fees:	ctive date is listed, the date	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a
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S. 30 M) Certified Copy (Optional)	CVI: Other provisions, if any EEOUIRED SIGNATURY  (In accordance of it constitutes are of it I am aware that an constitutes a third Paul	y.  **  **  **  **  **  **  **  **  **
\$ 5.00 Certificate of Status (Optional)	CVI: Other provisions, if any CVII: Other provi	y.  **Author of a member or an authorized representative of a member.  **Desection 605.0203 (1) (b). Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true. The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)  **Puzzanghera**  Typed or printed name of signee**  **Filing Fees:**  **Ticles of Organization and Designation of Registered Agent**  Optional)**

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