## 615000104070

(Requesto	r's Name)
(Address)	
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(City/State	/Zip/Phone #)
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SECRETARY OF STARE

T. Burch JUN I v Zula

## **COVER LETTER**

	Registration S Division of Co				
SUBJEC		anticchia, LLC			
SUBJEC	· I ·	Name of	Limited Liabil	ity Company	
The enclo	osed Articles o	of Organization and fee(s)	are submitted	for filing.	
Please ret	turn all corres <sub>l</sub>	ondence concerning this	matter to the	following:	
	Gabby San	ticchia			
		V	Name of	`Person	<u>.</u> .
	Gabby San	ticchia, LLC			
			Firm/Co	mpany	<del></del>
	2376 Merri	weather Way			
		11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Addr	ress	
	Wellington	, FL 33414			
	gsanticchia@	wbyworth.com	City/State an	d Zip Code	
	<del> </del>	E-mail address: (to be us	sed for future a	nnual report notificat	ion)
For further	information c	oncerning this matter, ple	ease call:		
	Gabby Sant		<b>609</b>	216-3169	
	Nai	me of Person	Area Code	Daytime Telephon	
Enclosed	is a check for	the following amount:			
		\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O.	ing Address stration Section ion of Corporations Box 6327		Street Address Registration Section Division of Corporati Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gabby Santic	chia, LLC.					
(Mu	ust end with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited	Liability Company is:			
<u> </u>	Principal Office Address:		Mailing Addre	ess:		
2376 Merriwe Wellington, F			Merriweather Way ington, FL 33414		<u>-</u>	
the name and the Florida	a street address of the registere	a agent are:		LAE:	15 JUN	C) T
	Gabby Santicchia  2376 Merriweather	Name Wav		ASSEE.	<u>5</u>	7
	Gabby Santicchia  2376 Merriweather V  Florida street addres	Way	cceptable)	ARY OF STA	15 PM	
	2376 Merriweather	Way	cceptable)	ARY OF STATE	<u>5</u>	

Page 1 of 2

(CONTINUED)

<b>Title:</b> "AMBR" = Authori	Name and Address:	
"MGR" = Manager		
AMBR	Gabby Santicchia	
	2376 Merriweather Way	
	Wellington, FL 33414	
		<u> </u>
		<u> </u>
		<b>50 51</b>
		TI 3
	<u> </u>	<u> </u>
		<del>-</del> - 28
EV: Effective date,	ecessary)  if other than the date of filing:	C) o or <b>90 d</b> a
ective date is listed, of filing.) The date inserted in	if other than the date of filing:	o or 90 da
EV: Effective date, ective date is listed, of filing.) The date inserted in ment's effective date	if other than the date of filing: (OPTIONAl the date must be specific and cannot be more than five business days prior to this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.  ns, if any.	o or 90 da
E V: Effective date, ective date is listed, of filing.) The date inserted in ment's effective date E VI: Other provision  REQUIRED SIGN  (In a contains)	if other than the date of filing: (OPTIONAl the date must be specific and cannot be more than five business days prior to this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.  ns, if any.	o or 90 da will not be
E V: Effective date, ective date is listed, of filing.) The date inserted in ment's effective date E VI: Other provision  REQUIRED SIGN  (In a contains)	if other than the date of filing:	o or 90 da will not be
EV: Effective date, ective date is listed, of filing.) The date inserted in ment's effective date EVI: Other provision  REOUIRED SIGN  (In a contains)	the date must be specific and cannot be more than five business days prior to this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.  Ins., if any.  Signature of a member or an authorized representative of a member.  Accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this stitutes an affirmation under the penalties of perjury that the facts stated herein aware that any false information submitted in a document to the Department of stitutes a third degree felony as provided for in s.817.155, F.S.)	o or 90 da will not be
E V: Effective date, ective date is listed, of filing.) The date inserted in ment's effective date E VI: Other provision  REQUIRED SIGN  (In a contains)	if other than the date of filing:	o or 90 da will not be

ARTICLE IV-