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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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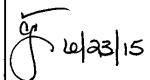
Office Use Only



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15 JUN 18 PH S: 31



COVER LETTER

FILED

TO: Registration Section
Division of Corporations

15 JUN 18 PM 5: 31

TOPERANT OF STATE ALLMANDEL PLORDS

DEGIROLAMO ENTERPRISES, LLC

SUBJECT:

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:

AMY DEGIROLAMO	
	Name of Person
·	
	Firm/Company
1609 NW 14TH AVE	
	Address
MIAMI, FL 33125	· · · · · ·
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code
AMDEGIROLAMO@YAHOO.	.COM
E-mail address: (to	be used for future annual report notification)

For further information concerning this matter, please call:

AMY DEGIROLAMO

at (______)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED 15 JUN 18 PM 5: 31

DEGIROLAMO ENTERPRISES, 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:
1609 NW 14TH AVE	Same
MIAMI, FL 33125	_
ARTICLE III - Registered Agent, Registered Office, & R	
(The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

AMY DEGIROLA!	MO	
	Name	
2780 NE 183RD ST	UNIT 1014	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
AVENTURA	FL	33160
City	State	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..

Begistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager MGR AMY DEGIROLAMO 2780 NE 183RD ST UNIT 1014 AVENTURA, FL 33160 AMBR ORWA TAHAINEH 2780 NE 183RD ST UNIT 1014 AVENTURA, FL 33160 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.020/11) (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.) AMY DEGIROLAMO Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	Title:	A collection described	Name and Address:	
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