U500018do96

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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PROCEIVED

AUG 1 3 2015

T SCHROEDER

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE: 745502 7161018				
AUTHORIZATION: Spubblena				
COST LIMIT : \$\frac{1}{3}\frac{5}{2}\frac{1}{2}\frac{5}{2}\frac{5}				
ORDER DATE: August 13, 2015				
ORDER TIME : 10:31 AM				
ORDER NO. : 745502-005				
CUSTOMER NO: 7161018				
DOMESTIC FILING				
NAME: CARACCIOLO GROUP LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Melissa Zender - EXT.				

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	Caracciolo Group LLC					
Name of Limited Liability Company						
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.			
Please retu	m all correspondence concerning this	matter to the fo	ollowing:			
	Michael Goldsmith					
	Name of Person					
	Sills Cummis & Gross P.C.					
	Firm/Company					
	101 Park Avenue, Floor 28					
	Address					
	New York, NY 10018					
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further in	nformation concerning this matter, ple	ase call:				
	Evan Kirsch at (212	500-1570			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for the following amount:					
\$ 125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	└──Certifie	\$160.00 Filing Fee, d Copy copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address		Street Address			
	New Filing Section Division of Corporations P.O. Box 6327	I	New Filing Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

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:					
Caracciolo Group 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:				
Caracciolo Group LLC	Caracciolo Group LLC				
3051 Danier Hill I and	2061 0 100 1				

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:

Land O'Lakes, FL 34639

Anthony Caracciolo		
	Name	
2851 Banyan Hill La	ine	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Land O'Lakes	FI.	34369
City	State	Zip

Land O'LAkes, FL 34639

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..

Anthony Caracciolo

By:

Registered Agent & Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

Name and Address:		
Anthony Caracciolo 2851 Banyan Hill Lane Land O'Lakes, Fl. 34639		
Brad Caracciolo 2851 Banyan Hill Lane Land O'Lakes, FL 34639		
and cannot be more than five business days prior to or 90 days after the applicable starutory filing requirements, this date will not be listed to be records.		
or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.		
eracciala ed or printed name of signee		

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

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)

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