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TALLAHASSEE, FLORIDA
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EFFECTIVE DATE

Jan 1, 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CINCOTTI PROPERTIES, 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:

JOSEPH A. CINCOTTI
Name of Person

CINCOTTI PROPERTIES, LLC
Firm/Company

P.O. Box 772036
Address

OCALA, FL 34477-2036
City/State and Zip Code

Cincottiproperties@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINA CINCOTTI at (352) 237-3522
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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

15 OCT 27 AM 10:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE, FLORIDA

October 15, 2015

JOSEPH A. CINCOTTI
CINCOTTI PROPERTIES, LLC
P.O. BOX 772036
OCALA, FL 34477-2036 US

SUBJECT: CINCOTTI PROPERTIES, LLC
Ref. Number: W15000068524

We have received your document for CINCOTTI PROPERTIES, LLC and your check(s) totaling \$160.00. 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) 245-6052.

Tina D Cannon
Regulatory Specialist II

Letter Number: 915A00021850

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CINCOTTI PROPERTIES, 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:

3300 SW 56th AVENUE
Ocala FL 34474

Mailing Address:

P.O. Box 772036
Ocala FL 34477-2036

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 A. CINCOTTI

Name

3300 SW 56th AVENUE

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

Ocala

City

FL

34474

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

JOSEPH A. CINCOTTI

3300 SW 56th AVENUE

Ocala FL 34474

ELAINA CINCOTTI

3300 SW 56th AVENUE

Ocala FL 34474

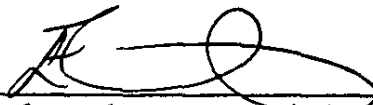
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 01, 2016 (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.

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.)

ELAINA CINCOTTI

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)