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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: ESFANIO ENTERPRISES 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:
ESTHER OKEKE
Name of Person
ESFANIO ENTERPRISES LLC Firm/Company
2520 DAVIS BLUD, UNIT E
NAPLES FL 34104
City/State and Zip Code CSFANO E 4A hOO · COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ESTHEL OKEKE at 301 407-5249 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	'ICL	ΈI	- Na	me:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2520 DAVIS BLUD	P.O. BOX 990554
UNIT E	Naples FL 3416
JAPLES EL 34104	

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:

E	STHER	OKEKE			
	Name		PS	٠,	marin in
3445	WINIFRET	eow LN,	#993	Ē	112 14s
Florida street ac	idress (P.O. Box NOT a	cceptable)	E.E.		¥
Nap	les FL	34116	SER	2	
City	State	Zip	TS	7.2:	K
and and to coom	namina of nuceasa for th	a ahawa statad limitad liah	ilin compone of A.	ري	

Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. From further agree to comply with the provisions of all statuted relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of pegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) EV: Effective date, if other than the date of filing: OI 2016 (OPTIONAL) EVI: Office in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a colument to the Department of State's records. Typed or printed name of signee Filing Fees: Typed or printed name of signee S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional)	Title:	Name and Address:
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ARTICLE IV-

Page 2 of 2

Before me personally appeared and signed: ESTHER O. OKEKE on Javary 6/2016.

