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COVER LETTER

	egistration Section vivision of Corporations	·
SUBJECT	FURINO HOLDINGS, L.L.C.	
SOBJECT		Limited Liability Company
The enclos	sed Articles of Organization and fee(s	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	BENJAMIN FURINO	
		Name of Person
		Firm/Company
	434 GEORGIA BLVD	
		Address
	SEBASTIAN, FL 32958	
	BIAGIO85@GMAIL.COM	City/State and Zip Code
		sed for future annual report notification)
For further i	nformation concerning this matter, ple	ease call:
	BENJAMIN FURINO	772 643-4012
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



March 8, 2016

BENJAMIN FURINO 434 GEORGIA BLVD SEBASTIAN, FL 32958

SUBJECT: FURINO HOLDINGS, L.L.C.

Ref. Number: W16000017220

We have received your document for FURINO HOLDINGS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 316A00004727

Teresa Brown Regulatory Specialist II

www.sunbiz.org

2016 MAR 22 AM 10: 32 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	.F. '	[_]	Nα	me:

The name of the Limited Liability Company is:

FURINO HOLDINGS, L.L.C.

(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:

<u>Principal</u>	Office Address:		Mailing Address:	
434 GEORGIA BLVE)		434 GEORGIA BLVD	
SEBASTIAN, FL 329	58		SEBASTIAN, FL 32958	_
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registration	n Registered Agon.) d agent are:	Agent's Signature: ent. You must designate an individual or	-
		Name		
	434 GEORGIA BLV	VD		
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
	SEBASTIAN	FL	32958	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR BENJAMIN FURINO 434 GEORGIA BLVD SEBASTIAN, FL 32958 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. **REOUIRED 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

BENJAMIN FURINO

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)