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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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05/06/16--01016--001 **125.00

MAY 1 2016 S. GILBERT



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Commercial Developers, 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:
Ronald T Foleno Name of Person
TUSCANY NC Firm/Company
POBOX 410457 Address
Melbourne, FL 32941-0457 City/State and Zip Code
E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Proleno at (371) 242.3148 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Florida Commercial Developers (Must end with the words "Limited Liability Company, "L.L.C.," or "	, LL 66 MAY - 6 PM 1: 15
(Must end with the words "Limited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address:	LESTANSEL FLORIDA
The mailing address and street address of the principal office of the Limited Liability Comp	pany is:

Principal Office Address:

ARTICLE I - Name:

Mailing Address:

902	Nelso	J Dr	•			
Melb	ourne	FL	_3	29	4	D

POBOX 410457 Melbourne, EL 32941.0457

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:

Ronald Foleno

0090 Stropica

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

Merry HIsland, FL 32952

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 usent as provided for in Chapter 605, F.S..

Registered Agen s Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title	Name and Address:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ronald Foleno 10090 S. Tropical to Marn H Island, Fl 32952
AMBR_	Gary J. Foleno 902 Nelson Drive Melbourne, EL 32940
(Use attachment if necessary)	
ate of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
·	
·	
REQUIRED SIGNATURE:	olus Manger - Dan authorized representative of a member.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Ronald