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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 JUN 27 PH 1:57

COVER LETTER

	egistration Section vision of Corporations
SUBJECT	Gerald Castellani, LLC
0020201	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Gerald Castellani
	Name of Person
	Gerald Castellani, LLC
	Firm/Company
	1096 Bell Tower Crossing West
	Address
	Kissimmee, Fl 34759
(City/State and Zip Code castellg@aol.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Gerald Castellani 484 459-1845 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liabili	ty Company is:	
Gerald Castellani, L.	I.C	
(Must end	with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
	ddress of the principal office	of the Limited Liability Company is:
The mailing address and street a	ddress of the principal office	of the Limited Liability Company is: Mailing Address
The mailing address and street a	al Office Address:	
Princir	al Office Address:	Mailing Address

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

WILLIAM F. MANN

384 SCRIPPS RANCH RD

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

Kissimmee State City

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 t 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 Lof2

(Use attachment if necessary) E. V: Effective date, if other than the date of tiling: June 17, 2016 (OP FIONAL) ettive date is listed, the date must be specific and cannot be more than five business days prior to or 5 ffiling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will n new's effective date on the Department of State's records. E. VI: 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 fats information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Getald Castellani 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)	Title:	Name and Address:
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