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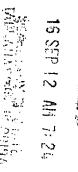
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J. FASON SEP 1 2 2016

COVER LETTER

	ision of Corporations		
SUBJECT:	SANTORO BUSINESS Name of Lim	CONSULTING LLC.	
	Name of Lim	nited Liability Company	
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:	
	Louis M. SANTORO		
		Name of Person	
_		Firm/Company	
7	745 NW 24 TH AVEN	UE	
		Address	
$\underline{\underline{\mathcal{I}}}$	DELRAY BEACH, FL.	33445	
</td <td>Ci</td> <td>ity/State and Zip Code</td> <td></td>	Ci	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further info	ormation concerning this matter, please	•	
	-		
L	ou SANTORO at (rea Code Daytime Telephone Number	
	Name of Person Ar	rea Code Daytime Telephone Number	er
	check for the following amount:		
\$125.00 Filing	sg Fec \$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cert	0.00 Filing Fec, tificate of Status & ified Copy ional 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 Liability Company is:

SANTORO BUSIN (Must end with the wo	ESS CON	SULTING	LIC.	
(Must end with the wor	rds "Limited Lia	bility Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office	e of the Limit	ed Liability Company is:	
Principal Office A	ddress:		Mailing Address:	
DELRAY BEACH, FL	33445		145 NW 24TH AVE. BELRAY BEACH, FL	33445
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Floric	ve as its own Re			dual or
The name and the Florida street address of t	he registered ag	ent are:		
Lou	13 M. S.	ANTORO		
		••		
<u>.,,</u>	NW 24			
Florida	street address (P	O. Box NO	[acceptable)	
DELRA	Y BEACH	, FL	33445	
	City	State	Zip	
laving been named as registered agent and to lace designated in this certificate, I hereby ac irther agree to comply with the provisions of m familiar with and accept the obligations of	ccept the appoint all statutes related my position as r	ment as regis ing to the pro- registered age	tered agent and agree to act in the per and complete performance of nt as provided for in Chapter 60.	his capacity. I f my duties, and I

(CONTINUED)

Page 1 of 2

Title:	114	Name and Address:
"AMBR" = Author		
"MGR" = Manager	MGR	LOUIS M. SANTORO
		LOUIS M. DANTORO 745 NW 24 TH AVENUE
		DELRAY BEACH FL 33445
		
EV: Effective date ctive date filing.)	, if other than the date , the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
E V: Effective date ective date is listed, of filing.) the date inserted in ment's effective date.	, if other than the date the date must be sp this block does not not the on the Department	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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ective date is listed, of filing.) I the date inserted in ment's effective date. E VI: Other provision.	this block does not re on the Department ons, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
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E V: Effective date extive date is listed filling.) the date inserted in nent's effective date E VI: Other provisions REOUIRED SIGN	this block does not re on the Department ons, if any. NATURE: Signature of a me is document is execum aware that any false.	meet the applicable statutory filing requirements, this date will not of State's records. M. Janton Bender of a member. The state of a member of the statutory filing requirements and the state of t
E V: Effective date extive date is listed, filing.) the date inserted in ment's effective date E VI: Other provision REOUIRED SIGN	this block does not me on the Department ons, if any. NATURE: Signature of a me is document is execumate a ware that any false institutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. M. Janton ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
EV: Effective date ctive date is listed filing.) the date inserted in nent's effective date EVI: Other provisions REOUIRED SIGN	this block does not me on the Department ons, if any. NATURE: Signature of a me is document is execumate a ware that any false institutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. M. Janton ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
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E V: Effective date extive date is listed, filing.) the date inserted in ment's effective date E VI: Other provision REOUIRED SIGN	this block does not me on the Department ons, if any. NATURE: Signature of a me is document is execumate a ware that any false institutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. M. Janton ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2