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(F	Requestor's Name)
(/	Address)
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(1	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(1	Business Entity Name)
	Document Number)
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Shawn Samperi Management, LL	С	
SUBJECT	:Name of	Limited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s	a) are submitted	for filing.
Please retu	rn all correspondence concerning thi	s matter to the fo	ollowing:
	Shawn Samperi		
		Name of	Person
	Shawn Samperi Management, LLC	:	
		Firm/Co	mpany
	110 Pennock Landing Circle		
		Addre	ess
	Jupiter, FL 33458		
	samperirealty@gmail.com	City/State and	d Zip Code
		used for future a	nnual report notification)
For further i	nformation concerning this matter, p	lease call:	
	Shawn Samperi	561 t (7186228
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	<u> </u>	S Certifi	%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 I - Name:			FILED	`
The name of the Limited Liability	Company is:		F : L L	ı
Shawn Samperi Manag (Must end w ARTICLE II - Address: The mailing address and street add	th the words "Limited	·	pany, "L.L.C.," or "LLC.")	7 - 2 - 4 - 1
	Office Address:		Mailing Address:	
110 Pennock Landing Jupiter, FL 33458	Circle		110 Pennock Landing Circle Jupiter, FL 33458	
(The Limited Liability Company of another business entity with an act.) The name and the Florida street act.	tive Florida registrati	on.)	gent. You must designate an individua	lor
		Name		
	110 Pennock Landin		OT 11.)	
	Florida street addre	ss (P.O. Box <u>N</u>	OT acceptable)	
	Jupiter	FL	33458	
	City	State	Zip	
place designated in this certificate, I further agree to comply with the pro	hereby accept the apply visions of all statutes to gations of my position	pointment as re relating to the p n as registered o	for the above stated limited liability congistered agent and agree to act in this coroper and complete performance of my agent as provided for in Chapter 605, For a	capacity. I duties, and l

(CONTINUED)

Page 1 of 2

Title:			Name and Address:		50
"AMBR'	" = Authorized !	Member	Maine and Address.	2016 NOV -7	₽ м г.
	= Manager		at a :		रता 💢
MGR			Shawn Samperi 110 Pennock Landing Circle	THE MASSIE	
			Jupiter, FL 33458	A COLUMN TO STATE OF THE PARTY	F1.03
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)