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((Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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2017 FEB 21 PM 3: 2

TO THE

V HERRING FEB 2 2 2017

COVER LETTER

	lew Filing Section Division of Corporations					
CUD IE CO	NARDONE PROPERTIES LLC					
SUBJECT	Name of Limited Liability Company					
The enclos	sed Articles of Organization and fee(s)	are submitted fo	filing.			
Please retu	urn all correspondence concerning this	matter to the foll	owing:			
	EDWARD P BLAISDELL					
		Name of Pe	rson	•		
	DYER & BLAISDELL PL					
		Firm/Comp	any			
	416-A N. FERNCREEK AVENUE					
		Address				
	ORLANDO FL 32803					
	CHUCK NABDONE OCHANI CON	City/State and 2	Cip Code			
	CHUCK.NARDONE@GMAIL.COM E-mail address: (to be us		ual report notification	<u>. </u>		
For further	information concerning this matter, ple		·····	,		
1 of faction	•		(40, 1152			
) .	648-1153			
	Name of Person	Area Code	Daytime Telephone N	umber		
Enclosed i	s a check for the following amount:					
S125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified	opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)		
	Mailing Address		reet Address			
	New Filing Section Division of Corporations		w Filing Section vision of Corporations	3		
	P.O. Box 6327	Cl	ifton Building			
	Tallahassee, FL 32314	20	61 Executive Center C	ALCIC		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

A	R	1.1	CI	$^{\perp}$ E	I	- [٧a	m	e:
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The name of the Limited Liability Company is:

2017 FEB 21 PM 3: 23

TALLAHASSEE, FLORIDA

NARDONE PROPERTIES LLC

(Must contain 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:

Princ	Principal Office Address:		Mailing Address:	
4920 OLDE KER	RY DRIVE		4920 OLDE KERRY DRIVE	
ORLANDO FL 3	ORLANDO FL 32837		ORLANDO FL 32837	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	nny cannot serve as its own in active Florida registratio	n Registered A on.) d agent are:	gent. You must designate an individual or	
		Name		
	4920 OLDE KERRY	DRIVE		
	Florida street addres	ss (P.O. Box 🖊	KOT acceptable)	
	ORLANDO	FL	32837	
•	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)

ARTICLE IV-		FILEU
The name and address of each person at	thorized to manage and control the Limited Lie Name and Address:	2017 FEB 21 PM 3: 23
"AMBR" = Authorized Member	Name and Address.	SECTIONAL OF STATE
"MGR" = Manager		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
AMBR	CHARLES K NARDONE 4920 OLDE KERRY DRIVE	Sta CONTROL
	ORLANDO FL 32837	
		
		
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be special date of filing.) Sote: If the date inserted in this block does not the document's effective date on the Department	nect the applicable statutory filing requiremen	days prior to or 90 days after
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	1	
	ember or an authorized representative of a 1	
This document is execu	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
	e information submitted in a document to the Defenoy as provided for in \$.817.155, F.S.	repartment of State

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)

EDWARD P BLAISDELL ESQ

Typed or printed name of signee