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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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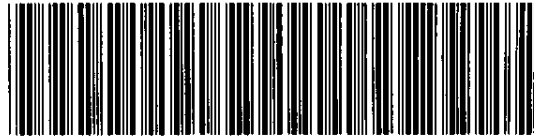
(Business Entity Name)

(Document Number)

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2017 FEB 23 PM 2:45  
TALLAHASSEE, FL 32309

C. GOLDEN

FEB 23 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 520488 4305390

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : February 22, 2017

ORDER TIME : 5:53 PM

ORDER NO. : 520488-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: 105 MEADOW, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2017 FEB 23 PM 2:45  
SERIAL  
TALLAHASSEE, FL 32301

**ARTICLES OF ORGANIZATION**  
**OF**  
**105 MEADOW, LLC**

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2017 FEB 23 PM 2:45

SECRET  
TALLAHASSEE, FL 32309

To: The Secretary of State  
State of Florida

The undersigned, for the purposes of forming a limited liability company pursuant to the provisions of s.605, of the Florida Statutes, does hereby execute the following Articles of Organization:

ARTICLE I: Name of the limited liability company:

105 MEADOW, LLC

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is 509 Meadow Lane, Oldsmar, FL 34677.

ARTICLE III: Registered Agent Name & Address: The address of the limited liability company's initial registered office is 509 Meadow Lane, Oldsmar, FL 34677. The name of the limited liability company's registered agent is Jennifer Carone Montemarano.

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.

  
Jennifer Carone Montemarano

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

Jennifer Carone Montemarano  
4 Hemlock Lane  
Kinnelon, NJ 07405

AMBR

Mary Ramsden  
46 Green Hill Road  
Kinnelon, NJ 07405

AMBR

Nicola Carone  
6 Petrie Lane  
Wayne, NJ 07470

ARTICLE V: The undersigned represents that this limited liability company has one (1) or more members.

The undersigned represents that this filing complies with the requirements detailed in s. 605.0203(1)(b) of the Florida Statutes. The undersigned hereby attests that he is authorized to sign this certificate on the limited liability company's behalf. I am aware that any false information submitted in a documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: February 22, 2017

  
Jennifer Carone Montemarano

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