## L17000090799

(Re	questor's Name)	
(Ad	dress)	
<b>(Δ</b> d	dress)	
(Au	uicss)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	me)
(50	Silicos Ellity Hai	nc)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS APR 2 5 2017



500298269195

04/25/17--01007--007 \*\*125.00

T APR 25 MI 8 U

## **COVER LETTER**

TO: New Filing Section To The Division of Corporations	· ·
SUBJECT: ACPAL PROPERTY  Name of Limited L	LLC iability Company
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
AMY PALUMBO Nam	ne of Person
Firm	n/Company
2913 WhITTING-TON	PLACE
	PLACE Address
TAMPA FLORIDA 3 City/Sta	36/8
City/Sta	te and Zip Code
APALUM BO 4 @ VERIZON. E-mail address: (to be used for fut	WET
For further information concerning this matter, please call:	and animal report normalization,
<b>3</b> , p	
AMY PALUMBO at (8/3) Name of Person Area Co	<u> </u>
Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$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

The name of the Limited Liability	Company is:			•		
·	ROPERTY L in the words "Limited	LC Liability Comp	any. "L.L.C	or "LLC"	ALLEO MR 25 MHB	t.
ARTICLE II - Address: The mailing address and street add						
	l Office Address:			Mailing Add		
2913 WhITTI TAMPA, FL	nG 70N PLAC 33618	<u>e</u> .	29/3 TAMPA,	Whitting FL 336	TON PLACE	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	n Registered Age			ndividual or	
The name and the Florida street ac	idress of the registere	d agent are:				
	_ Amy PAL	UM BO Name				
	2913 W Florida street addre	hITTING TO	T accentable	ACE		
	Tamaa	F/	336/8	~) ?		
	Tampa City	State		Zip	,	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes r gations of my position	pointment as regi relating to the pr	istered agent oper and com ent as provid	and agree to ac uplete performa led for in Chapti	t in this capacity. I nce of my duties, and	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>AMBR</u>	AMY PALUMBO 2913 WHITTINGTON PLACE TAMPA FL 33618
(Use attachment if necessary)	<u>~</u>
ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not be t of State's records.
ment's effective date on the Department  E VI: Other provisions, if any.	
ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a m  This document is exect I am aware that any fals	t of State's records.
REQUIRED SIGNATURE:  Signature of a m  This document is exect I am aware that any fals	t of State's records.  When he will be a state of a member.  The property of a member of a member of a member of a member of a member.  The property of the pr
REQUIRED SIGNATURE:  Signature of a m This document is exect I am aware that any fals constitutes a third degree	t of State's records.  When her or an authorized representative of a member.  The interior and authorized representative of a member.  The interior authorized representative of a member.  The

ARTICLE IV-