

L11000203331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

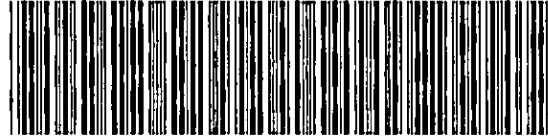
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/02/17--01022--010 **125.00

17 OCT -2 AM 10:27
STATE OF FLORIDA
TALLAHASSEE

MICHAEL A. O'BRIEN, P.A.
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET
ORLANDO, FLORIDA 32803

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September 29, 2017

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

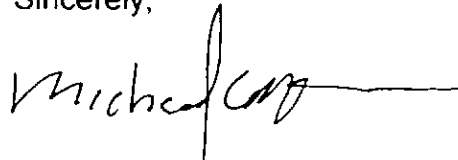
Re: Cardinal Partners, LLC / Articles of Organization

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Organization for 1Cardinal Partners, LLC. A check for the filing fee in the amount of \$125.00 is enclosed.

Thank you for your assistance in this matter. In the event that there is some issue with regard to the establishment of this company, I would request that you contact me in order to resolve the matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael O'Brien", with a long horizontal flourish extending to the right.

Michael A. O'Brien

MOB/abg
Enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Cardinal Partners, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark G. Mazzanti
Name of Person

Cardinal Partners, LLC
Firm/Company

710 Macglenross Drive
Address

Oviedo, Florida 32765
City/State and Zip Code

Cardinal_partners@etl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark G. Mazzanti 321 276-0625
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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:

The name of the Limited Liability Company is:

Cardinal Partners, 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:

Principal Office Address:

Mailing Address:

710 Macglenross Drive
Oviedo, Florida 32765

710 Macglenross Drive
Oviedo, Florida 32765

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mark G. Mazzanti

Name

710 Macglenross Drive

Florida street address (P.O. Box **NOT** acceptable)

Oviedo

Florida 32765

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)

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TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Lorelei L. Mazzanti
710 Macglenross Drive
Oviedo, Florida 32765

AMBR

Mark G. Mazzanti
710 Macglenross Drive
Oviedo, Florida 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARK MAZZANTI

Typed or printed name of signee

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA