

L11000229624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

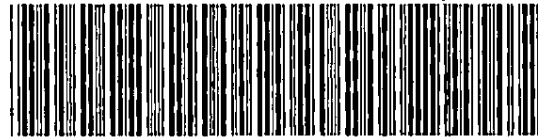
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 NOV -6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

NOV 7 2017

Law office of Genevieve A. Silveroli

912 Highpoint Way
Roanoke, TX 76262
786-334-7887
gen@corplegalteam.com

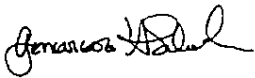
October 30, 2017

New Filing Section
Division of Corporations
Clifton Building
2662 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for connX LLC

Please find enclosed the Articles of Organization for **connX LLC** and payment of the required fees.
Kindly contact the undersigned with any questions. Thank you for your assistance in this matter.

Regards,



Genevieve A. Silveroli
912 Highpoint Way
Roanoke, TX 76262
Ph: 786-334-7887

COVER LETTER

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

SUBJECT: connX 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:

Genevieve A. Silveroli
Name of Person
Law Office of Genevieve A. Silveroli
Firm/Company
912 Highpoint Way
Address
Roanoke, TX 76262
City/State and Zip Code
gen@corplegalteam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Genevieve Silveroli 786 334-7887
Name of Person at () Daytime Telephone Number
Area Code

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:

connX 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:

connX LLC

21625 Draycott Way

Land O Lakes, Florida 34637

connX LLC

10 Sterling Court

Whippany, New Jersey 07981

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:

Giacomo Bellomo

Name

21625 Draycott Way

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

Land O Lakes

FL

34637

City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-

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:

Giacomo Bellomo
21625 Draycott Way
Land O Lakes, FL 34637

AMBR

Frank Edward Shelton
609 Unbridled Lane
Keller, TX 76248

(Use attachment if necessary)

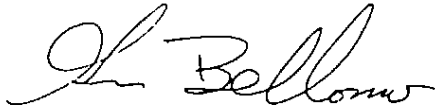
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Giacomo Bellomo

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 NOV -6 AM 11:46