117000236586

(F	Requestor's Name)	
(A	address)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
·	•	

Office Use Only

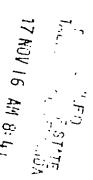
M. MOON NOV 1 7 2017



000305756250

11/16/17-+01012--007 **155.00





Ċ	ORPORATE ACCESS,	When you need ACCESS to the world
	INC. P.O. Box	236 East 6th Avenue, Tallahassee, Florida 32303 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
		PICK UP: /1//5//7
Ø	CERTIFIED COP	Y
	РНОТОСОРУ	
	cus	
ĮΣ.	FILING	LLC
	J. GIGLIO (CORPORATE NAME AND	
	(CORPORATE NAME AND	DOCUMENT #)
	(CORPORATE NAME AND	DOCUMENT #)
	(CORPORATE NAME AND	DOCUMENT #)
	(CORPORATE NAME AND	DOCUMENT#)
	(CORPORATE NAME AND	DOCUMENT #)

1.

2.

3.

PECIAL

STRUCTIONS:

COVER LETTER

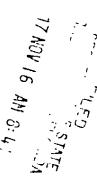
TO;	Sew Filing Section Division of Corporations
SUBJEC	J. GIGLIOTTI CUSTOM HOMES LLC
SCBJE	Name of Limited Liability Company
The encl	sed Articles of Organization and fee(s) are submitted for filing.
Please re	irn all correspondence concerning this matter to the following:
	JOHN V. GIGLIOTTE
	Name of Person
	Firm/Company
	Firm/Company
	701 SPANISH MAIN DRIVE, UNIT 462
	Address
	CUDJOE KEY, FL 330420
	City/State and Zip Code
	johngigs1118@gmail.com
	E-mail address; (to be used for future annual report notification)
For further	nformation concerning this matter, please call:
	John V. Gigliotti 609 703-7813
	Name of Person Area Code Daytime Telephone Number
Enclosed	a check for the following amount:
\$125,00	ling Fee S130,00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	** W

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

	1. Ciuliani Cuat	ani Unatra II	C	
(Must cor	J. Gigliotti Custo stain the words "Limited		pany, "L.L.C.," or "LEC.")	_
ARTICLE II - Address:		•	,	
The mailing address and street	address of the principal o	office of the Li	mited Liability Company is:	
Principal Office Address:			Mailing Address:	
701 Spanish Main Drive, Unit 462 Cudjoe Key, FL 33042			701 Spanish Main Drive, Unit 462 Cudjoe Key, FL 33042	
<u> </u>			ange reserve	-
		ohn V. Gigliot Name Main Drive, G. G. P.O. Box N.	Unit 463	
			•	
	City	FLState	33042 Zip	
	•			

17 NOV 16 AM 8:4

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	John V. Gigliotti		
	701 Spanish Main Drive, Unit 462		
	Cudjoc Key, FL 33042		
(Use attachment if necessary)			
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as nt 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 ever	member, or all authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes.		
I am aware that any fa	lse information submitted in a document to the Department of State		
constitutes a' third deg	ree felony as provided for in s.817.155, F.S.		
2			
	John V. Gigliotti		
	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)

17 NOV 16 AH 8:4