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SECRETARY OF STATE ALLAHASSEE, FLORID.

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COVER LETTER TO: **New Filing Section Division of Corporations** Leo & Stephanie Giannini Land Trust, LLC SUBJECT: 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: Leo D. Giannini Name of Person Firm/Company 391 Ocean Forest Drive Address St. Augustine, FL 32080 City/State and Zip Code leog1971@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leo D. Giannini Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

39	Mailing Address: 1 Ocean Forest Drive
39	Mailing Address: 1 Ocean Forest Drive
	1 Ocean Forest Drive
St.	Augustine, FL 32080
	··· ····
	
Name	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title		Name and Address:	
	MBR" = Authorized Member		
	GR" = Manager		
<u>MG</u>	iR	Leo D. Giannini	
		391 Ocean Forest Drive	
		St. Augustine, FL 32080	
MC	an.		
MG	IK	Stephanie Sitz-Giannini	
		391 Ocean Forest Drive	
		St. Augustine, FL 32080	
			
-			
(Hec	e attachment if necessary)		
(If an effective the date of filing Note: If the content of the co	e date is listed, the date must be specifi ing.)	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be listate's records.	
ARTICLE VI	: Other provisions, if any.		
			- -
REC	DUIRED SIGNATURE:		-
	This documents executed it I am aware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. permation submitted in a document to the Department of State cony as provided for in s.817.155, F.S.	
		Leo D. Giannini	
		yped or printed name of signee	
the date of fili Note: If the c the document ARTICLE VI	date inserted in this block does not meet it's effective date on the Department of S. I: Other provisions, if any. DUIRED SIGNATURE: Signature of a member of a member of sevent of	the applicable statutory filing requirements, this date will not be tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. Leo D. Giannini	

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)

CRETARY OF STATE LLAHASSEE, FLORIDA

FILED