# 1866291147

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON DEC 2 6 2018



700322333417

700322333417 12/26/18--01002--003 \*\*125.00

18 DEC 21 PH 12: 61

FILED

18 DEC 21 AM II: 05

SECRETARY OF STATE

## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

Ш	CERTIFIED COPY		
ХХ	РНОТОСОРУ		
	CUS		
хх	FILING	LLC	
	PETRILLO'S HOPE FLO		
	(CORPORATE NAME AND DOCUM	ENT#)	
_	(CORPORATE NAME AND DOCUM	ENT#)	
			٠
-	(CORPORATE NAME AND DOCUM	ENT#)	Ā <sub>S</sub> →
			18 DEC
_	(CORPORATE NAME AND DOCUM	ENT#)	21 ASS
			in a m
_	(CORPORATE NAME AND DOCUM	ENT#)	
_	(CORPORATE NAME AND DOCUM	ENT#)	

#### ARTICLES OF ORGANIZATION

OF

#### <u>PETRILLO'S HOPE FLOATS, LLC</u>

The Member who desires to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, by and through its authorized representative, does hereby adopt the following Articles of Organization and certifies:

#### **ARTICLE I: NAME**

The name of the limited liability company is Petrillo's Hope Floats, LLC (the "Limited Liability Company").

#### **ARTICLE II: ADDRESSES**

The mailing address of the Limited Liability Company is 100 2nd Avenue South, Suite 1202, St. Petersburg, FL 33701. The street address of the principal office of the Limited Liability Company is also 100 2nd Avenue South, Suite 1202, St. Petersburg, FL 33701.

#### ARTICLE III: REGISTERED AGENT AND OFFICE

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

Thomas C. Petrillo 100 2<sup>nd</sup> Avenue South, Suite 1202 St. Petersburg, FL 33701

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, Florida Statutes.

Themas C. Petrillo

Signature of Registered Agent Accepting the Appointment

#### **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is a manager-managed limited liability company. The name and address of the Manager of the Limited Liability Company as of its date of organization is as follows:

Thomas C. Petrillo 100 2<sup>nd</sup> Avenue South Suite 1202 St. Petersburg, FL 33701

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act on December 20, 2018.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Thomas C. Petrillo

Signature of Authorized Representative Executing the Articles of Organization

- AMI: OS

£--