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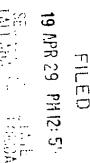
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations
SUBJECT: ARY S INFANTE 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:
ARY J ENFANTE Name of Person
Name of Person
Any & INFANTE LLC. Firm/Company
Firm/Company
1203 SUNSET LANE Address
Address
LUTZ, F1 33549 City/State and Zip Code 11
City/State and Zip Code
[NPANTE Acyola C. Amar. com OR Jeran 1203 @ O.o.L. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Any Engante (813) 598-9111 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	C:	LE	ì	_	Name:	
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The name of the Limited Liability Company is:

ARY J. ENRANTE 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:

LUTZ	LUTZ	
FIORIOG 33549	FloRIDA 3	3549
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	tered Agent's Signature: ed Agent. You must designate an inc	dividual or 동영 ਰ
The name and the Florida street address of the registered agent are		APR
ANY J ENP Name	ANTE	-71LE
1203 Suns57		PHI
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable) L <i>3</i> 3549	7000 P
City Sta	ate Zip	<i>**</i>

Principal Office Address:

Mailing Address:

1203 SUNSET LANE

1203 SUNSET LANE

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.

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	- IIIII - MARI -
"MGR" ≡ Manager	Do y & FORMITE
7774	HRY S. INFANTE. 1203 SUNSET LANE
	LUTZ, F1 33549
	FSS 19
	29
•	2:
	-
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	date of filing: 1991 1990 (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
the document's effective date on the Departs	not meet the applicable statutory filing requirements, this date will not be listed as
	ient of date 3 feedings.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1
REOUIRED SIGNATURE:	1. Andrete
az	a member or an authorized representative of a member.
Signature of This document is ex	a number or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes.
Signature of This document is ex I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
Signature of This document is ex	a number or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of This document is ex I am aware that any	a number or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

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)