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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer.	
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 1/13/2020

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) 799171

ORDER ENTITY

FIRTINO HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FIRTINO HOLDINGS LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: fred@myvanguard.net

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956, \vec{x}

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, January 13, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

FIRTINO HOLDINGS LLC	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal Principal Office Address:	office of the Limited Liability Company is: <u>Mailing Address:</u>
The mailing address and street address of the principal	, . ,

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

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

City State Zip

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..

NRAI Services, Inc., by Fred Larison, Assistant Secretary

By: (Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEGRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Nicole O'Donnell
	131 Swaim Avenue
	Staten Island, New York 10312
	···
(Use attachment if necessary)	
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Typed or printed name of signee

Fred Larison, Organizer and Authorized Representative

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)