## Florida Department of State

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## FLORIDA LIMITED LIABILITY CO. Anthony Maccaroni, PLLC

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April 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Tammi Cline FAX Aud. #: H21000168377

Regulatory Specialist II Supervisor Letter Number: 621A00008788

## ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II PRIN	CIDAL AND MAILING OFFICE ADDR	ree
The principal place of bus	CIPAL AND MAILING OFFICE ADDRI	<u>LSS</u> 233 Pinecrest Drive
, , , , , , , , , , , , , , , , , , ,		Palm Harbor FL 34683
ARTICLE III Regisi	tered Agent, Registered Office & Register	red Agent's Signature:
		<del></del>
The name and Florida Street address of the initial reg	eet address of the initial registered agent is:	Anthony Maccaroni 233 Pinecrest Drive
		Palm Harbor FL 34683
	<u>.</u>	1 4.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Having been named as register	ed agent and to accept service of process for the ab-	nva stated limited Habillov someone at
the place designated in this cer	tificate, I hereby accept the appointment as register	ed agent and agree to act in this
capacity. I further agree to con	uply with the provisions of all statutes relating to the with and accept the obligations of my position as re	e proper and complete performance
Chapter 605, F.S.	with and secabe int oneSupport of my bostood as to	Arriclen after as broamen for it
Aff		
1 97		4/26/2021
7		4/20/2021
Signature/R	egistered Agent	Date
ARTICLE IV Manage	τ(s)	Date
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