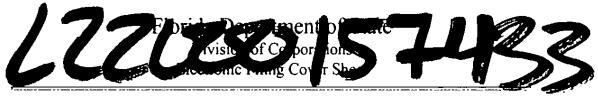
Division of Corporations



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(((H22000136257 3)))



H220001362573ABC

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CZON79@GMAIL.COM

 $\tilde{\boldsymbol{\varepsilon}}$

APR 14 PM 3: 41

FLORIDA LIMITED LIABILITY CO.

Celestine Petrinolis LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Celestine Pet	rinolis LL	.C	
(Must end wit	h the words "Limit	ed Liability	Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:				
The mailing address and street addr	ess of the principal	office of the	Limited Liability Co	ompany is:
Principal Office Address:	<u>Ma</u>	iling Addre	<u>s:</u>	
2407 SW 27th Ave		2407	SW 27th Ave	
Ocala, FL 34471			, FL 34471	
nother business entity with an acti The name and the Florida street add	•	,		
	e A Petrinolis	-guii iii		
Celestin	Nai Nai	ne		
324 Oak	Track Pass			
	eet address (P.O. B	lox <u>NOT</u> acc	eptable)	
Ocala		FL	34472	
	Cin		7:	
	City		Zip	
Having been named as registered a the place designated in this certi capacity. I further agree to compl of my duties, and I am familiar w	agent and to accept ificate, I hereby acc ly with the provision with and accept the	ept the appoint of all statu	ocess for the above st ntment as registered tes relating to the pro f my position as regis	agent and agree to act in this per and complete performance
Having been named as registered a the place designated in this certi capacity. I further agree to compl of my duties, and I am familiar w	agent and to accept ificate, I hereby acc ly with the provision with and accept the	ept the appoint of all statu obligations o	ocess for the above st ntment as registered tes relating to the pro f my position as regis	agent and agree to act in this per and complete performance
Having been named as registered a the place designated in this certs capacity. I further agree to compl of my duties, and I am familiar w	ingent and to accept ificate, I hereby acc ly with the provision with and accept the Ch Ch clestine Patitis istered Agent's Sig	ept the appoints of all statuobligations of apter 605, F.	ocess for the above st ntment as registered tes relating to the pro my position as regis	agent and agree to act in this per and complete performance
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H22000136257

<u>Fitle:</u> AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Celestine A Petrinolis		
	324 Oak Track Pass Ocala, FL 34472		
	Ovald, 1 C 54476		
	 		
			
	·		
Use attachment if necessary)			
Use attachment if necessary)	(OPTIONAL)		
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90		
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