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(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AGOSTINELLI PROPERTIES 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:

MARK A. AGOSTINELLI

Name of Person

AGOSTINELLI PROPERTIES LLC.

Firm/Company

1036 HAMPSTEAD LANE

Address

ORMOND BEACH, FL 32174-9284

City/State and Zip Code

markflyer@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. AGOSTINELLI 386 795.2659

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
OF FLORIDA
DIVISION OF CORPORATIONS

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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1036 HAMPSTEAD LANE
ORMOND BEACH, FL 32174

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

MARK A. AGOSTINELLI

Name _____

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

City State Zip

Mark A. Ryz

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ERICA R. AGOSTINELLI
1036 HAMPSTEAD LANE
ORMOND BEACH, FL. 32174

(Use attachment if necessary)

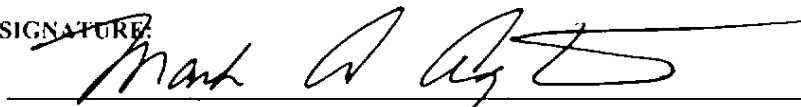
ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2023. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

MARK A. AGOSTINELLI

Typed or printed name of signer

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)

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FLORIDA

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