

L23000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

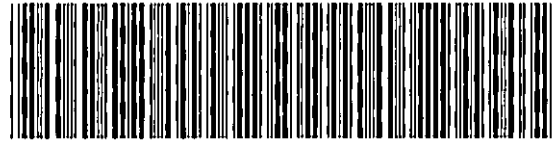
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600398711856

S. CHATHAM
JAN - 3 2023

FILED
SEC. OF STATE
DIVISION OF CORPORATIONS
DEC 29 PM 1:19

RECEIVED
2022 DEC 29 AM 9:55
ALLAHASSEY, FLORENCE

COVER LETTER

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

SUBJECT: POLSINILLO HOLDING COMPANY, 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:

CLAIRE McRAE, ESQ.
Name of Person

LEMERY GREISLER LLC
Firm/Company

60 RAILROAD PL. STE. 502
Address

SARATOGA SPRINGS, NY 12866
City/State and Zip Code

CMCRAE@LEMERYGREISLER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAIRE McRAE 518 581-8800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/29/2022

****WALK IN****

ENTITY NAME POLSINELLO HOLDING COMPANY, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX
XXXXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 160.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POLSINELLO HOLDING COMPANY, 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:

Principal Office Address:

Mailing Address:

241 RIVERSIDE AVE.
RENSSELAER, NY 12144
ATTN: LOUIS R. POLSINELLO III

241 RIVERSIDE AVE.
RENSSELAER, NY 12144
ATTN: LOUIS R. POLSINELLO III

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

LOUIS R. POLSINELLO, JR.
Name

4975 BONITA BEACH RD.
Florida street address (P.O. Box **NOT** acceptable)

BONITA SPRINGS FL 34134
City State Zip

SECRETARY
DIVISION OF CORPORATIONS
22 DEC 29 PM 1:19

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..

DocuSigned by:

Louis R. Polsinello, Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Matthew Polsinello AMBR

25 Rvstedornh Lane
Rensselaer, NY 12144

Louis R. Polsinello, III AMBR

15 Rvstedornh Lane
Rensselaer, NY 12144

Beth Polsinello AMBR

65 Thompson Hill Rd.
Rensselaer, NY 12144

Louis R. Polsinello, Jr. AMBR

4975 Bonita Beach Rd.
Bonita Springs, FL 34134

22 DEC 29 PM 11:19

SECRETARY
DIVISION OF CORPORATIONS
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

DocuSigned by:
Matthew Polsinello

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.

MATTHEW POLSINELLO
Typed or printed name of signee

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)