Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023

Phone : (800)221-2972

Fax Number

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. DE CLANTIS HOLDING LLC

Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DE CIANTIS HOLDINGS 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:

JENSEN BEACH, FL 34957

3462 ME CAUSEWAY BLVD 101 JENSEN BEACH, FL 34957

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:

DANIELE DE CIANTIS

Name

3462 NE CAUSEWAY BLVD 101

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

JENSEN BEAC

. 1 i..... Stole

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this copacity. I finther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, FS.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Lexitas

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	DANIELE DE CIANTIS 41 WATTS PLACE LYNBROOK, NY 11563
AMBR	CITEISTINA DECIANTIS 41 LATES PIACE LYNBRUME MY 11563
 	
(Use attachment if necessary)	
effective date is listed, the date must te of filing.)	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days after some the applicable statutory filing requirements, this date will not be listed
	rtment of State's records.
ocument's effective date on the Depar CLE VI: Other provisions, if any.	
ocument's effective date on the Depar	

Typed or printed name of signce

Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

DANIELE DE CIANTIS

constitutes a third degree follow as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)