

L23000381055

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: jchenciner@hotmail.com

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5:01 PM

FLORIDA LIMITED LIABILITY CO.
ALDONA'S GENUINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2013 AUG 14 PM 6:39
FALL / ASSISTANT

30

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ARTICLES OF ORGANIZATION
OF
ALDONA'S GENUINE LLC

ARTICLE I – NAME

The name of the limited liability company is ALDONA'S GENUINE LLC, ("the Company").

ARTICLE II – ADDRESS

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

Principal Office Address:

9848 Kentucky Street
Bonita Springs, Florida 34135

Mailing Address:

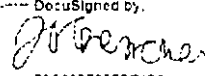
9848 Kentucky Street
Bonita Springs, Florida 34135

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

James A. Chenciner
9848 Kentucky Street
Bonita Springs, Florida 34135

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:

7EC617F25F3F45E

James A. Chenciner

2023 AUG 14 PM 6:39
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR ALDONA'S GENUINE LLC

((H230002755213)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

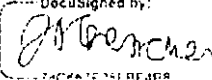
MGR

James A. Chenciner
9848 Kentucky Street
Bonita Springs, Florida 34135

MGR

Aldona Chenciner
9848 Kentucky Street
Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

DocuSigned by:

JAMES A. CHENCINER

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.

James A. Chenciner

Typed or printed name of signer

2023 AUG 14 PM 6:39
FALL ASSOCIATES, LLC