Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. ENZO PROPERTY HOLDINGS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	Enzo P	roperty Holdings L	LC		
(Must ec	ntain the words "Limited				
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
Princ	Principal Office Address:		Mailing Address:		
	3224 W. Ballast Point Blvd. Tampa, FL 33611			oint Blvd.	
Tai				3611	
		Nicholas Balzano Namo			
	322	4 W. Ballast Point l	Blvd		
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)		
		FL	33611		
	Tampa	1 4			
	<u>Tampa</u> City	State	Zip		
daving been named as registere vlace designated in this certifica further agree to comply with the un familiar with and accept the	City d agent and to accept servi te, 1 hereby accept the appo provisions of all statutes re obligations of my position	State ice of process for the ointment as register elating to the propet as registered agent t	e above stated limited li ed agent and agree to a and complete perform	act in this capacity. I ance of my duties, and	
place designated in this certifica further agree to comply with the	City d agent and to accept servi te, I hereby accept the app provisions of all statutes re obligations of my position / 5 / Nick Balzat	State ice of process for the ointment as register elating to the propet as registered agent of MO	e above stated limited li ed agent and agree to a and complete perform as provided for in Chap	act in this capacity. I ance of my duties, and	
place designated in this certifica further agree to comply with the	City d agent and to accept servi te, I hereby accept the app provisions of all statutes re obligations of my position / 5 / Nick Balzat	State ice of process for the ointment as register elating to the propet as registered agent t	e above stated limited li ed agent and agree to a and complete perform as provided for in Chap	act in this capacity. I ance of my duties, and	

11211000 21015763

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Anthorized "MGR" = Manager	vieniber		
MGR	Nicholas Pot-o-o		
MOK	Nicholas Balzano 3224 W. Baliast Point Blvd.		
	Tempa, FL 33611		
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(Use attachment if nec	sarv)		Œ
ADTICUTE A DEC 2 1 4 10	in a		•
AKTICLE V: Effective date is listed, the	her than the date of filing: (OPTIONAL) Intermediate of filing:		۱
the date of filling.)	sate must be specific and cannot be more than tive business days prior to on a	יי uny s ali	(C)
	plock does not meet the applicable statutory filing requirements, this date will n	ot be lister	d as
the document's effective date or	he Department of State's records.		
ARTICLE VI: Other provisions,	* A=+.		
ARTICLE VI: Other provisions,	впу.		
-			
REQUIRED SIGNAT	RE:		
/	/ NICHOLAS BALZANO		
	mature of a member or an authorized representative of a member.	_	
This d	ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes		
	are that any false information submitted in a document to the Department of State es a third degree felony as provided for in \$.817.155, F.S.	e	
	Nicholas Balzano		
	Typed or printed name of signee		
	PW P		

Filing Fees:

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

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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