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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : RASI 5

Account Number : I20040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

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.

Peter J. Borella, LLC

Certificate of Status	()
Certified Copy	U
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Peter J. Borella, LLC

(Must end with 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:

20361 Estero Gardens Circle, Unit 203	2036) Estero Gardens Circle, Unit 203
Estero, FL 33928	Estero, FL 33928

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:

	Name	
20361 Estero Garde	ns Circle, Unit 203	
Florida street addre:	ss (P.O. Box <u>NOT</u> ac	reeptable)
Estero	Fl.	33928
City	State	Zip

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 farther agree to comply with the provisions of all statutes relating to the proper and complete performance of my divines and $l \omega$ am jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. $\frac{75}{120}$

/s/ Peter J. Borella

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Peter J. Borella 20361 Estero Gardens Circle, Unit 203 Estero, FL 33928
(Use attachment if necessary)	
the date of filing.)	I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	<u> </u>
REOURED SIGNATURE: /s/ Peter J. Borella	21 3: 00 21 00 21 00
	an authorized representative of a member, cordance 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.

Peter J. Borella

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)