

# L14000148597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

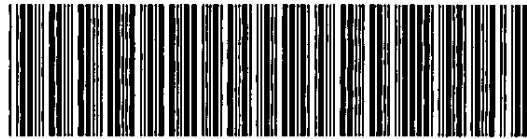
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W14-52332 NOT Avail

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08/25/14--01016--024 \*\*125.00

2014 SEP 18 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
EXAMINER  
SEP 23 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2014

GARY CORVINO  
800 JEFFREY ST. #201  
BOCA RATON, FL 33487

SUBJECT: 111 5TH AVE, LLC  
Ref. Number: W14000052332

*New: 111 S.W. 5<sup>th</sup> Avenue, L.L.C.*

We have received your document for 111 5TH AVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L08000096209 "111 5TH AVE, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 214A00018353

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 111 SW 5th AVENUE, 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:

Gary Corvino  
Name of Person

111 SW 5th AVENUE, LLC  
Firm/Company

800 JEFFREY ST, #201  
Address

BOCA RATON FL 33487  
City/State and Zip Code

cathycorvino@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Corvino at ( 561 ) 702-8871  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

111 S.W. 5<sup>th</sup> Avenue, L.L.C.  
(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:**

800 Jeffrey St #201  
BOCA RATON, FL  
33487

800 Jeffrey St #201  
BOCA RATON, FL  
33487

**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:

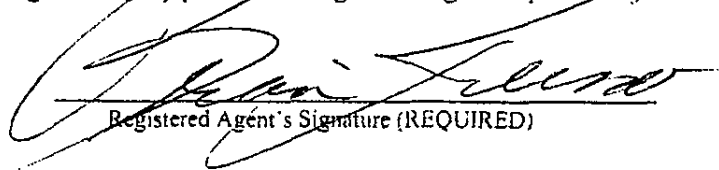
Brian Russo  
Name

930 N Congress Ave Suite 220  
Florida street address (P.O. Box NOT acceptable)

Boynton Beach FL 33426  
City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

2014 SEP 18 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Gary Corvino

800 JEFFREY ST #201  
BOCA RATON, FL 33487

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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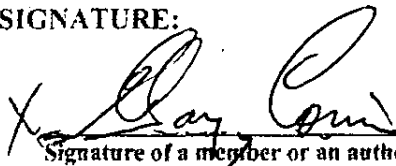
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(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Gary Corvino

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)