

L1500090 6110

(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:

Office Use Only



300279386503

11/30/15--01041--001 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 15 AM 11:00

W15-078706

12/16/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2015

STACEY M. DECARLO
6057 LADY BET DR.
ORLANDO, FL 32819

SUBJECT: FORZANO II LLC
Ref. Number: W15000078706

We have received your document for FORZANO II LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 115A00025547

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Forzano II 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:

Stacey M. DeCarlo

Name of Person

Forzano II LLC

Firm/Company

6057 Lady Bet Dr.

Address

Orlando Fl. 32819

City/State and Zip Code

staceydecarlo@mac.com

E-mail address: (to be used for future annual report notification)

RECEIVED
15 DEC 15 PM 12:38
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stacey M. DeCarlo 321 689-9658

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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

Forzano II 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:

6057 Lady Bet Dr. Orlando Fl. 32819

6057 Lady Bet Dr. Orlando Fl. 32819

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:

Stacey DeCarlo

Name

6057 Lady Bet Dr.

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

Orlando

Fl.

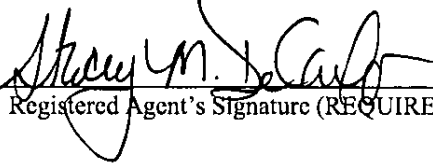
32819

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 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 15 AM 11:00

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Stacey M. DeCarlo/AM

Name and Address:

6057 Lady Bet Dr.

Orlando Fl. 32819

Richard A. Forzano/AM

1095 Fairfax

Birmingham Mi. 48009

Richard E. Forzano/AM

3216 Interlaken Rd.

Orchard Lake Mi. 48323

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Stacey M. DeCarlo

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 15 AM 11:00