

L17060144005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

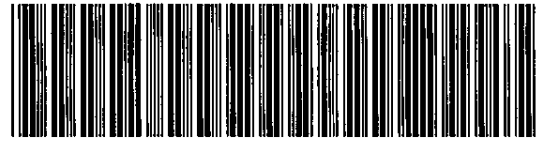
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000300711870

06/26/17--01027--009 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUL -3 AM 8:13

FILED

7/03/17

DEPOSITS/PAYMENTS DETAIL SCREEN

1:04 PM

DEPOSIT NUMBER : 06/26/17 01027 009  
ACCOUNT NUMBER :  
USER ID : EODOM  
DEBIT MEMO DATE :  
TRACKING NUMBER: 000300711870  
REQUESTOR : CORAREJ  
SUB ACCT NUMBER:

DEPOSIT TYPE : COR  
DEPOSIT AMOUNT : 155.00  
DEPOSIT BALANCE: 0.00  
VOID DATE :  
DOCUMENT NUMBER: W17000053180  
LEDGER DATE : 06/26/17

CATEGORY	DESCRIPTION	AMOUNT
CERT	CERTIFICATION	30.00
CF	ALL CORP FILING FEES	125.00

+ NEXT, - PREV, 1. MENU, 2. FILING

RECORDS NOT FOUND IN THAT DIRECTION. PLEASE TRY AGAIN.  
ENTER SELECTION AND CR:

Mr. Joe (941) 650 4493

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~XXXX~~ GENOVESE CONSTRUCTION "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:

JOSEPH GENOVESE

Name of Person

~~XXXX~~ GENOVESE CONSTRUCTION LLC

Firm/Company

4309 TARBEE AVE

Address

NORTH PORT FLA 34287

City/State and Zip Code

VESE 3578@aol.com

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

For further information concerning this matter, please call:

JOE GENOVESE at (941) 650-4493

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:

~~XXXXXX~~ Genovese construction 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:

4309 TARBEA AVE  
NORTH PORT FLA  
34287

Mailing Address:

SAME

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:

JOSEPH GENOVESE  
Name  
4309 TARBEA AVE.  
Florida street address (P.O. Box NOT acceptable)  
NORTH PORT FL 34287  
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..

Joseph Genovese  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
17 JUL -3 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGD" = Manager

"MGR"

**Name and Address:**

JOSEPH GENOVESE  
4309 TARGEE AVE.  
NORTH PORT FLA. 34287

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:**

Joseph Genovese

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.

JOSEPH GENOVESE

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  
17 JUL -3 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA