

L200000053011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

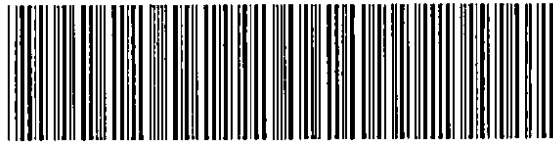
(Document Number)

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

Special Instructions to Filing Officer:

W20-18135

Office Use Only



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02/19/20--01024--008 \*\*125.00

2020 FEB 19 PM 2:11

2020 FEB 20 PM 2:07  
Sec. of State  
TALLAHASSEE, FL 32310

FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02/19/2020

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC \_\_\_\_\_

**GIOVANNI PROPERTY Holdings LLC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: GIOVANNI PROPERTY HOLDINGS LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

**DENISE MORRILL**

Name of Person

**LIQUOR LICENSE PROFESSIONALS**

Firm/Company

**725 N MAGNOLIA AVE**

Address

**ORLANDO FL 32803**

City/State and Zip Code

**denise@liquorlicenseprofessional.com**

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

For further information concerning this matter, please call:

**DENISE MORRILL**

386

222-9668

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

GIOVANNI PROPERTY HOLDINGS LLC

(Must contain 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:

53 CEDAR DUNES RD  
NEW SMYRNA BEACH FL 32169

53 CEDAR DUNES RD  
NEW SMYRNA BEACH FL 32169

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

RAY SCHUMANN  
Name

140 S RIDGEWOOD AVE, STE 2700  
Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH      FL                      32114  
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)

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2020 FEB 20 PM 2:08  
SUN  
FALL RIVER COUNTY CLERK

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

VINCENZO CAPUANO  
53 CEDAR DUNES RD  
NEW SMYRNA BEACH FL 32169

AMBR

PIETRO CAPUANO  
53 CEDAR DUNES RD  
NEW SMYRNA BEACH FL 32169

(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

ANY & ALL LAWFUL BUSINESS

**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.

PIETRO CAPUANO

Typed or printed name of signer

**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)