

L20000358373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

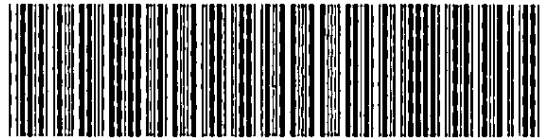
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/20--01025--019 **130.00

20 OCT 30 PM 5:27
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/20 BY 60322

D O'KEEFE

NOV 21 2020

W2-120525



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2020

ROCCO DIDONATO
AMELIAS SHOP LLC
P.O. BOX 161782
ALTAMONTE SPRINGS, FL 32714

SUBJECT: AMELIAS SHOP LLC
Ref. Number: W20000120525

We have received your document for AMELIAS SHOP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the manager's name in Article IV.

The registered agent must sign accepting the designation.

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 220A00020609

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ALL AMELIAS SHOP LLC

2020 OCT 30 AM 9:57
CORP

COVER LETTER

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

SUBJECT: Amelias Shop 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:

Rocco DiDonato

Name of Person

Amelias Shop LLC

Firm/Company

380 Los Altos way Apt #204

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

rddonato92@gmail.com

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

For further information concerning this matter, please call:

Rocco DiDonato 207 400-6363

Name of Person at () 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:

Amelias Shop 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:

380 Los Altos way Apt #204
Altamonte Springs, Florida 32714

Mailing Address:

380 Los Altos way Apt #204
Altamonte Springs, Florida 32714

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:

Rocco DiDonato

Name

Altamonte Springs, Florida 32714

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

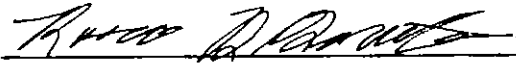
Altamonte Springs Florida 32714

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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HALL COUNTY, FLORIDA
CLERK OF COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Rocco DiDonato
380 Los Altos way Apt #204
Altamonte Springs, Florida 32714

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ALLIANCE TITLE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 1st 2020. (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.

Rocco DiDonato

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)