

L21000 281 579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

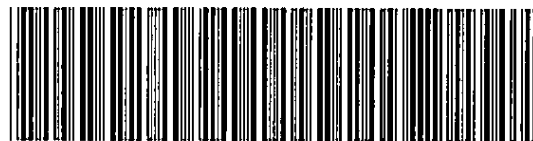
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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06/08/21--01018--001 \*\*130.00

2021 MAY -8 PM 2:00

2021 MAY -8 PM 2:00

7:00

Lsc 6/17/21

**COVER LETTER**

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

**SUBJECT:** Liticorp 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:

Denis Abbate

Name of Person

Liticorp LLC

Firm/Company

1797 South Club Drive

Address

Wellington/Florida 33414

City/State and Zip Code

denny@liticorp.com

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

For further information concerning this matter, please call:

Denis Abbate 773 743-8338  
at ( )  
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:

Liticorp 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:**

1797 South Club Drive Wellington FL 33414

**Mailing Address:**

1797 South Club Drive Wellington FL 33414

**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:

Denis Abbate

Name

1797 South Club Drive

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

Wellington

Florida

33414

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.*

Denis Abbate

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -8 PM 2  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Suzanne Coors Abbate  
1797 South Club Drive  
Wellington, Florida 33414

AMBR

Denis Abbate  
1797 South Club Drive  
Wellington, Florida 33414

MGR

Daniel Abbate  
644 Fern  
West Palm Beach Florida 33401

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1st 2021 (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.

Denis Abbate

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)

2021 MAY -8 PM 2:00  
MAILED