

AUG 21 2023 4:27 PM

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Florida Department of State
Division of Corporations
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REGISTRATION
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO.
FRIENDS GETAWAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRIENDS GETAWAY, 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:

5913 SW 1ST AVE.

5913 SW 1ST AVE.

CAPE CORAL, FL. 33914

CAPE CORAL, FL. 33914

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:

DONNA M. MAZZAFERRO

Name

6058 TARPON ESTATES BLVD.

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

CAPE CORAL

FL

33914

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.

15/ Donna M. Mazzaferro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

_____ MGR _____

_____ VITA GALA _____
_____ 5913 SW 1ST AVE _____
_____ CAPE CORAL, FL 33914 _____

_____ MGR _____

_____ DONNA MAZZAFERRO _____
_____ 6058 TARPON ESTATES BLVD. _____
_____ CAPE CORAL, FL 33914 _____

(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:

15/ Donna M. Mazzaferro

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.

_____ DONNA M. MAZZAFERRO _____

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)

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