

L16000107913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

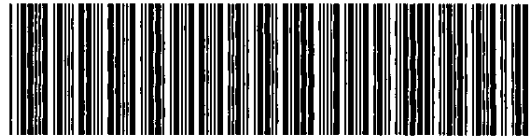
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05/31/16--01024--001 \*\*125.00

FILED  
16 MAY 31 PM 4:14  
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g 6/6/16

Paul Finizio  
3263 NW 61<sup>st</sup> Street  
Boca Raton, FL 33496

June 1, 2016

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

We would like to establish a new LLC using the name we once had, which is 8<sup>th</sup> Street Mission LLC. Enclosed, please find a new LLC application for this requested LLC.

I can be reached at 954-605-1628 or via email at [paul@finiziolaw.com](mailto:paul@finiziolaw.com)

Thank you!

Sincerely,



Paul Finizio

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16 MAY 31 PM 4:14  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

8<sup>th</sup> Street Mission Inc.  
3263 NW 61<sup>st</sup> Street  
Boca Raton, FL 33496

May 10, 2016

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Please allow this correspondence to serve as a statement from 8<sup>th</sup> Street Mission Inc. that 8<sup>th</sup> Street Mission Inc, and its officers/directors will not revoke or reinstate their voluntary dissolution of 8<sup>th</sup> Street Mission Inc. If you have any questions, please contact me at 954-605-1628 or via email at [paul@finizio.com](mailto:paul@finizio.com).

Thank you!

Sincerely,



Paul Finizio  
Director/Officer

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16 MAY 31 PM 4:14  
CLERK OF COURT  
TALLAHASSEE, FL 32301

EFFECTIVE DATE 06/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bth Street Mission LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 MAY 31 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3263 NW 61st St.  
Boca Raton, FL 33496

Mailing Address:

3263 NW 61st St.  
Boca Raton, FL 33496

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:

Paul G. Finizio

Name

3263 NW 61st St.

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

Boca Raton FL 33496

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..

Paul Finizio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AMBR

**Name and Address:**

Paul Finizio

3263 NW 61st St

Boca Raton, FL 33496

Barbara Finizio

3263 NW 61st St

Boca Raton, FL 33496

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/1/16 (flexible) (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:**

Paul Finizio

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.

Paul Finizio

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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16 MAY 31 PM 4:14  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA