

# 02000015486

*MAVEN & GONZ*

Requestor's Name

P.O. BOX 2535

Address

TALL FL 32304 580-3131

City/State/Zip

Phone #

MAIL

W02-17673

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. VIVA CRISTINA LLC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. 00789-00611-00623-00671

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time \_\_\_\_\_  
☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

RECEIVED  
02 JUN 18 PM 1:20  
DIVISION OF REGISTRATION

02 JUN 20 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700005819377-5

-06/18/02-01052-025

\*\*\*\*130.00 \*\*\*\*130.00

*Call when ready  
580-3131*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 18, 2002

STEVEN LEONI

TALLAHASSEE, FL

SUBJECT: VILLA CRISTINA, LLC  
Ref. Number: W02000017673

We have received your document for VILLA CRISTINA, 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 002A00039567

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VILLA CRISTINA, LLC

## ARTICLE II - Address:

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

P.O. BOX 2535

TALLAHASSEE, FL 32316-2535

235 SOUTH OCALA RD.

TALLAHASSEE, FL 32304

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

STEVEN M. LEONE

Name

235 SOUTH OCALA ROAD

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

TALLAHASSEE FL 32304

City, State, and 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 608, F.S.

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN M. LEONE

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED