

L040000043770

(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:

W04-13744

2827-076-6008

Office Use Only



600031338026

06/10/04--01006--018 **25.00

04/01/04--01010--003 **100.00

04/10/10 PM 2:27
ALL APASSEE
FILED

2827-076-6008

TRANSMITTAL LETTER

ATK1

TO: Registration Section
Division of Corporations

SUBJECT: SAVERIO PERROTTO 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:

SAVERIO PERROTTO

(Name of Person)

SAVERIO PERROTTO LLC

(Firm/Company)

139 LOIZOS DR

(Address)

FT WALTON BEACH, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERIE FISCHER

(Name of Person)

at **850-863-3378**

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 JUN 10 5:27
TALLAHASSEE
FLORIDA
FILE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2004

SAVERIO PERROTTO
139 LOIZOS DR
FT WALTON BEACH, FL 32548

SUBJECT: SAVERIO PERROTTO LLC
Ref. Number: W04000013744

We have received your document for SAVERIO PERROTTO LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 704A00023034

04 APR 10 2:27 PM

**ARTICLES OF ORGANIZATION
FOR
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAVERIO PERROTTO LLC**ARTICLE II - Address:**

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

Principal Office Address:SAVERIO PERROTTO LLC139 LOIZOS DRFT WALTON BEACH, FL 32548**Mailing Address:**SAVERIO PERROTTO LLC139 LOIZOS DRFT WALTON BEACH, FL 32548**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Sherie Fischer
Name

1524 W Ponderosa Rd
Florida street address (P.O. Box NOT acceptable)

FLWB FLORIDA 32548
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, Florida Statutes..


Registered Agent's Signature

04 JUN 10 PM 2:27
STATE OF FLORIDA
TALLAHASSEE
FILED
CLERK

SAVERIO PERROTTO LLC

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

ATX1

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR M

SAVERIO PERROTTO

139 LOIZOS DR

FT WALTON BEACH, FL 32548

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Saverio R. Perrotto

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.)

Saverio Perrotto

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)

04 JUN 10 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA