

W4000064132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

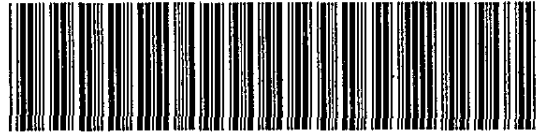
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700039822807

08/09/04--01058--002 \*\*160.00

FILED

04 AUG 27 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W4-64132  
R



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 20, 2004

JOSEPH TAVELLA  
2722 PALISADES DR. SE  
PALM BAY, FL 32909

SUBJECT: JOSEPH TAVELLA "LLC"  
Ref. Number: W04000030410

We have received your document for JOSEPH TAVELLA "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 504A00051301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 27 PM 3:59

FILED



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 10, 2004

JOSEPH TAVELLA  
2722 PALISADES DR. SE  
PALM BAY, FL 32909

SUBJECT: JOSEPH TAVELLA "LLC"  
Ref. Number: W04000030410

We have received your document for JOSEPH TAVELLA "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 004A00049513

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 27 PM 3:59

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOSEPH TAVELLA "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:

JOSEPH TAVELLA  
(Name of Person)

JOSEPH TAVELLA "LLC"  
(Firm/Company)

2722 PALISADES DR. SE  
(Address)

PALM BAY, FL. 32909  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH TAVELLA at (321) 952-7823  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 27 PM 3:59

FILED

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)

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JOSEPH TAVELLA "LLC"

## ARTICLE II - Address:

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

### Principal Office Address:

2722 PALISADES DR. SE  
PALM BAY  
FL. 32909

### Mailing Address:

2722 PALISADES DR. SE  
PALM BAY  
FL. 32909

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

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

JOSEPH TAVELLA  
Name

2722 PALISADES DR. SE  
Florida street address (P.O. Box NOT acceptable)

PALM BAY, FL. 32909  
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..*

Joseph Tavella  
Registered Agent's Signature

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

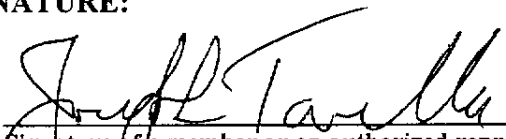
MGRM

JOSEPH TAVELLA  
2722 PALISADES DR. S.E.  
PALM BAY FL. 32909

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

JOSEPH TAVELLA  
\_\_\_\_\_  
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)