

W6000031151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

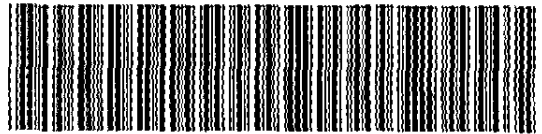
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06 MAR 24 AM 11:10
TALLAHASSEE, FLORIDA

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05 MAR 24 AM 10:32
TALLAHASSEE, FLORIDA

M. HODGES

Charter Number Only

3-21-06

Masch & Company

Requestor's Name

5669 S. University Drive

Address

Davie, FL 954 680-2311C

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Perrotta, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

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Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

PERROTTA, LLC

ARTICLE II – Address:

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

543 SE NOME DRIVE
PORT ST. LUCIE, FLORIDA 34984

ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature

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

LOUIS J. PERROTTA
543 SE NOME DRIVE
PORT ST. LUCIE, FLORIDA 34984

FILED
06 MAR 24 AM 11:10
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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.

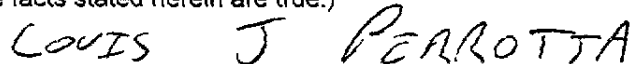

Registered Agent's Signature

ARTICLE IV – Management (Indicate if applicable.)

☒ If checked, the Limited Liability Company is to be managed by one manager or more managers and therefore, a manager – managed company.


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.)


Typed or printed name of signee