

L06000035340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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4/3 Stephanie

Masch & Company  
Requestor's Name  
5669 S. University Drive  
Address  
Davie FL 33328  
City State ZIP Phone  
(954) 680-2311C

VALIDATION ONLY

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CORPORATION(S) NAME

Giuseppe Pistone, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy of Articles
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other LLC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick Up

Name
Availability
Document
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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:

Giuseppe Pistone, LLC

**ARTICLE II – Address:**

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

19333 NW 23 Street  
Pembroke Pines, Florida 33029

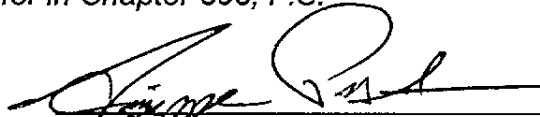
**ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature**

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

Giuseppe Pistone  
19333 NW 23 Street  
Pembroke Pines, Florida 33029

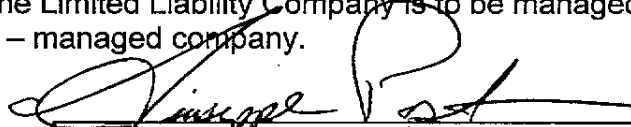
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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