

L09000050101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

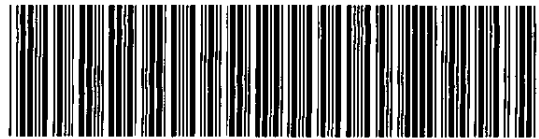
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W09000019921

Office Use Only



900152708969

04/27/09--01068--011 **150.00

FILED

09 APR 27 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICASA EUROPE LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

DENNIS MAXEY

(Contact Person)

PINELLAS TAX & ACCTG SERVICE, INC

(Firm/Company)

6925 112TH CIRCLE SUITE 102

(Address)

LARGO, FL 33773

(City, State and Zip Code)

For further information concerning this matter, please call:

Dennis Maxey at (127) 548 4460
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

FILED
09 APR 27 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pinellas Tax & Accounting Service Inc.
Sunstate Tax & Accounting Service
6925 112th Circle N, Suite 102
Largo, FL 33773
Ph: 727-548-4400
Fax: 727-548-4407
E-mail: sabine@pintax.fdn.com

From the Desk of:
Sabine Jolitz

Date: May 22, 2009

To: Deborah Bruce, Regulatory Specialist

Fax #: 850-245-6030

Attached please find the signed document for Americasa Europe LLC
as discussed earlier this.

Please call me should you have any questions.

Thank you very much for your help,

Sabine Jolitz

NUMBER OF PAGES INCLUDING COVER SHEET: 4

FILED
09 APR 27 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

DENNIS MAXEY
PINELLAS TAX & ACCTG SERVICE, INC.
6925 112TH CIRCLE SUITE 102
LARGO, FL 33773

SUBJECT: AMERICASA EUROPE LLC
Ref. Number: W09000019921

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 4:56

FILED

We have received your document for AMERICASA EUROPE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 009A00014280

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion and attached **Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 4:56

FILED

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
AMERICASA EUROPE, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation PD900000409
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 01/02/2009

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization**:

AMERICASA EUROPE LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 04/27/2009
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 6TH day of JANUARY 20 09

Signature of Member or Authorized Representative of Limited Liability Company:

X Signature of Member or Authorized Representative: Roberto Mazzoni
Printed Name: ROBERTO MAZZONI Title: MANAGING MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Roberto Mazzoni
Printed Name: ROBERTO MAZZONI Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

09 APR 27 PM 4:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICASA EUROPE LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

300 ORANGE VIEW AVENUE
CLEARWATER FL 33755

Mailing Address:

611 S FT HARRISON AVE
SUITE 356
CLEARWATER FL 33756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PINELLAS TAX & ACCTG SERVICE, INC
Name
6925 112TH CIRCLE SUITE 102
Florida street address (P.O. Box **NOT** acceptable)
LARGO, FL 33773 FL
City, State, and Zip

FILED
09 APR 27 PM 4:56
SECRETARY OF STATE
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.

William K. Hebert, III Pres. Pinellas
Registered Agent's Signature (REQUIRED) TAX & Acctg
Service Inc.

(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

ROBERTO MAZZONI

611 S FT HARRISON AVE SUITE 356

CLEARWATER FL 33756

MGRM

MARIA SCHEMMARI

300 ORANGE VIEW AVENUE

CLEARWATER FL 33755

MGRM

TWINS INVEST LLC

611 S. FT. HARRISON AVENUE - SUITE

CLEARWATER, FL. 33756

356

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Roberto Mazzoni

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.)

ROBERTO MAZZONI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 4:56

FILED

Form **SS-4**

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

80-0325329

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested AMERICASA EUROPE LLC		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 300 ORANGE VIEW AVENUE	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code (if foreign, see instructions) CLEARWATER FL 33755	5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located PINELLAS COUNTY, FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustor ROBERTO MAZZONI		7b SSN, ITIN, or EIN 01-0919519
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 2	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any: _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA Foreign country _____	
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Sales <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. 01/02/2009		12 Closing month of accounting year DECEMBER	
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural _____ Household _____ Other 2		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). MARCH 2009			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. ACQUIRING REAL ESTATE FOR RESALE			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name PATRICIA CRAMER		Designee's telephone number (include area code) (727) 548-4400
	Address and ZIP code 6925 112th Circle Suite 102 LARGO, FL 33773		Designee's fax number (include area code) (727) 548-4407
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (727) 455-1527	
Name and title (type or print clearly) ▶ ROBERTO MAZZONI, PRESIDENT		Applicant's fax number (include area code) (727) 446-7128	
Signature ▶ <i>Roberto Mazzoni</i>		Date ▶ _____	

 FILED
 APR 27 PM 4:56
 CLERK OF STATE
 TREASURY DEPARTMENT
 TAMPA, FLORIDA