

L1100000924166

(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:

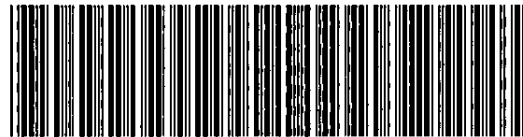
L. SELLERS

AUG 11 2011

EXAMINER

[REDACTED]

Office Use Only



500210146215

07/22/11--01031--002 **130.00

FILED
11 AUG 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gallo5621 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:

Debra L Gallo

Name of Person

MICKYAKI

Firm/Company

5059 Eclipse Ct

Address

Naples Florida 34104

City/State and Zip Code

dgallo5621@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Gallo

Name of Person

at 440

339-5761

Area Code & Daytime Telephone Number

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)

Mailing Address

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

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2011

DEBRA L GALLO
5059 ECLIPSE COURT
NAPLES, FL 34104

SUBJECT: GALLO5621 LLC
Ref. Number: W11000039254

We have received your document for GALLO5621 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 22, 2011. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 811A00017661

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gallo5621 LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5059 Eclipse Ct

Naples Florida 34104

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:

DEBRA GALLO

Name

5059 ECLIPSE CT.

Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL 34104.

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..

Debra L. Gallo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
M AUG 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Debra L. GALLO
5059 ELLIPSE CT.
NAPLES, FLORIDA 34104


(Use attachment if necessary)

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

(OPTIONAL)

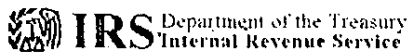
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DEBRA L. GALLO
Typed or printed name of signee



CINCINNATI OH 45999-0038

In reply refer to: 0242137457
Aug. 02, 2011 LTR 147C 0
27-4027853 000000 00
Input Op: 0242137457 00002087
BODC: SB

GALLO5621 LLC
MICKYAKI
% DEBRA L GALLO SOLE MBR
5059 ECLIPSE CT
NAPLES FL 34104

002508

Employer Identification Number: 27-4027853

Dear Taxpayer:

We received your request of July 22, 2011, asking us to verify your Employer Identification Number (EIN) and name.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you. You also may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.