

L11000096636

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JUL 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-39882

J. BRYAN

AUG 23 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracle of Italy, 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:

Manuela Piazza

Name of Person

Firm/Company

15408 Puffin Drive

Address

Bonita Springs, Fl. 34135

City/State and Zip Code

carmelo-manuela@hotmail.com

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

For further information concerning this matter, please call:

Manuela Piazza

Name of Person

at (239) 682 6984

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

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11 JUL 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2011

MANUELA PIAZZA
15408 PUFFIN DRIVE
BONITA SPRINGS, FL 34135

SUBJECT: MIRACLE OF ITALY, LLC
Ref. Number: W11000039882

FILED
JUL 28 PM 1:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for MIRACLE OF ITALY, 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):

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 28, 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 611A00017942

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miracle of Italy, 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:

15408 Puffin Drive
Bonita Springs, FL. 34135

Mailing Address:

15408 Puffin Drive
Bonita Springs, FL. 34135

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:

Carmelo Piazza

Name

15408 Puffin Drive

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

Bonita Springs

FL 34135

City, State, and Zip

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11 JUL 28 PM 1:27
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..


19224
Registered Agent's Signature (REQUIRED)

(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

Manuela Piazza
15408 Puffin Drive
Bonita Springs, FL 34135

MGRM

Carmelo Piazza
15408 Puffin Drive
Bonita Springs, FL 34135

(Use attachment if necessary)

07/28/2011

H. Piazza

ARTICLE V: Effective date, if other than the date of filing: 07/28/2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

H. Piazza

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.)

Manuela Piazza

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)