

L11000112716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

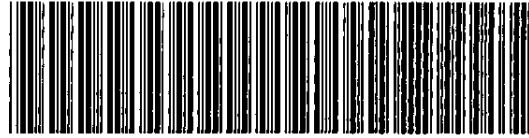
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400212582524

Effective Date 01/01/12

09/30/11--01016--022 \*\*130.00

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11 SEP 30 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -3 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: GIOVANNONE HOMES 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:

# FORTUNATO FRAGOMENI

Name of Person

Firm/Company

7685 NW 88 WAY

Address

TAMARAC FL 33321

City/State and Zip Code

JOEFRAG@AOL.COM

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

For further information concerning this matter, please call:

FORTUNATO FRAGOMENI

at ( 954 ) 721 - 1128

Name of Person

Area Code &amp; 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 SEP 30 PM 1:08  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GIOVANNONE HOMES LLC**

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

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

7685 NW 88 WAY  
TAMARAC FL 33321

**Mailing Address:**

7685 NW 88 WAY  
TAMARAC FL 33321

**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.)

**Effective Date** 01/01/12

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

**FORTUNATO FRAGOMENI**

Name

**7685 NW 88 WAY**

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

**TAMARAC FL 33321**

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.*

  
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:**

MGR

FORTUNATO FRAGOMENI

7685 NW 88 WAY

TAMARAC FL 33321

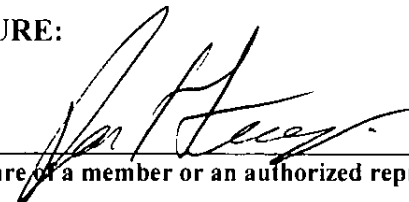
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2012. (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:**

  
\_\_\_\_\_  
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.)

**FORTUNATO FRAGOMENI**

\_\_\_\_\_  
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)