

L11000137922

(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:

Office Use Only

G. MCLEOD

DEC - 7 2011

EXAMINER



700214080947

11/10/11--01019--020 **150.00

FILED
11 DEC -6 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L11-57530



Your Italian Specialty Market without the Specialty Prices!

December 2, 2011

Dear Gina McLeod,

We will not be reinstating "Equipment Leasing & Sales" as a corporation.

It never should have been one in the first place.

We would like to just file for a LLC.

You already have our check for \$150.00 Please send us a refund of \$25.00

Sincerely,


Kaie Zanghi

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equipment Leasing & Sales, 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:

Kaie Zanghi

Name of Person

Equipment Leasing & Sales, LLC

Firm/Company

4409 Northlake Blvd.

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

Kaie@josephsclassicmarket.com

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

For further information concerning this matter, please call:

Kaie Zanghi

Name of Person

at (561) 799-3302

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Equipment Leasing & Sales, 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:

4409 Northlake Blvd.

Palm Beach Gardens, FL 33410

Mailing Address:

4409 Northlake Blvd.

Palm Beach Gardens, FL 33410

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:

Joseph T. Castellana

Name

6666 Audubon Trace


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

West Palm Beach, FL 33412

City, State, and Zip

FILED
11 DEC -6 PM 3:49
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..


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

Joseph Castellana
6666 Audubon Trace
West Palm Beach, FL 33412

MGRM

Joseph Acierno
179 Sedona Way
Palm Beach Gardens, FL 33418

(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.)

Joseph Acierno
Typed or printed name of signee