

L12000034135

(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:

Matthew Quinn GAVE

AUTHORIZATION TO

CORRECT RA name

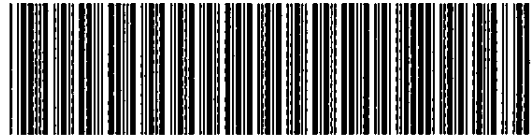
DATE 3/12/12

CP. EXAM Uet

W12000010928

Office Use Only

EFFECTIVE DATE 02/17/12



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02/23/12--01007--022 \*\*130.00

RECEIVED  
TALLAHASSEE, FLORIDA

12 FEB 23 PM 3:08

FILED

D. BRUCE

MAR 09 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2012

MATTHEW SWANN  
6185 SE US HWY 1  
STUART, FL 34997

SUBJECT: TUTTO ITALIANO 6185 LLC  
Ref. Number: W12000010928

We have received your document for TUTTO ITALIANO 6185 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 912A00007845

12 FEB 23 PM 3:08  
FILED  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tutto Italiano 6185 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:

Matthew Swann  
Name of Person

Tutto Italiano Pizzeria Restaurant  
Firm/Company

6185 SE US Hwy 1  
Address

Stuart FL 34997  
City/State and Zip Code

matthewswann@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Swann at ( 732 ) 272 6167  
Name of Person 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

FILED  
12 FEB 23 PM 9 08  
FL DIV OF CORP  
TALLAHASSEE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Tutto Italiano 6185 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:

6185 SE US Hwy 1  
Stuart FL 34997

#### Mailing Address:

6185 SE US Hwy 1  
Stuart FL 34997

### 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:

Matthew Swann  
(Name)

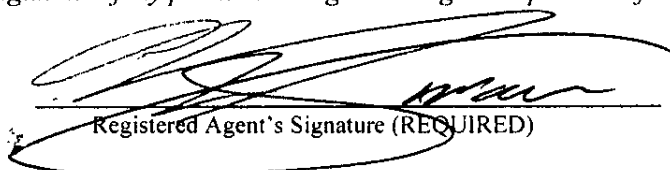
6185 SE US Hwy 1

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

Stuart FL 34997

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)

EFFECTIVE DATE 02/17/12

FILED  
12 FEB 23 PM 08  
CLERK OF COUNTY OF 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:**

MGR

Matthew Swann  
5979 SE US Hwy 1  
Stuart FL 34997

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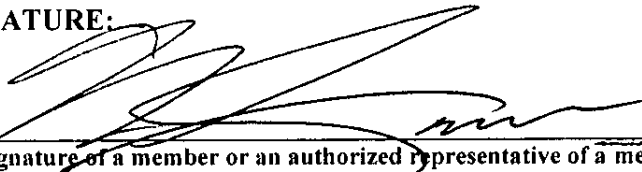
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2-17-12 (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.)

Matthew Swann  
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)

FILED  
12 FEB 23 PM 0008  
DEPARTMENT OF STATE  
TREASURY OF FLORIDA