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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
· (Bı	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: AKRAGAS 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:			
CARMELO Vizzi			
Name of Person			
Firm/Company 7 8			
1767 LAKEWOOD RANCH BLUD UNIT 126 3			
Address 28			
BRADENTON FL. 34211			
City/State and Zip Code			
VC2112Bの YAHOO. COM  E-med address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CHRMELO VIZZI at (443) 326 51 75  Name of Person at (443) Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  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

The name of the Limited Liability Company is:	
AKRAGAS LLC (Must end with the words "Limited Liability	Company "I I C " or "I I C ")
(Musi cita with the words Elimica Elabini)	Company, E.E.C., Of EEC.
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1767 LAKEWSOD RANCH BLUD	
1767 LAREWSOD RANCH BLVD UNIT 126 BRADENTON, FL. 34211	
BRADENTON, FL. 34211	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	221 See 3
CARMELO VIZ	221
1767LAKEWOOB	ANEH BLUD UNIT 126
	ess (P.O. Box <u>NOT</u> acceptable)
BRADEN TON City, State	EL 34211
City, State	, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	CARMELOVIZZO 1767 LAKEWOOD PRANCH BLVD UNIT BRADENTON, Pl. 342/1	12
<del></del>	ZOI3 HAY	umaga A
· · · · · · · · · · · · · · · · · · ·	28 PR	
(Use attachment if necessary)	3 30	ار بيط <sup>ا</sup>
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must prior to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) st be specific and cannot be more than five business d	lays

**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.)

CARMELO VIZZI

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)