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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MASICORP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

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TALLAHASSEE, FLORIDAFILED
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DIVISION OF CORPORATIONS
13 JUN 26 AM 7:21

Electronic Filing Menu

Corporate Filing Menu

Help

(850) 245-6051

COVER LETTER

**TO: Registered Section
Division of Corporation**

SUBJECT: MASICORP, 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:

Thomas Lombardo
Name of Person

Masicorp, LLC
Firm/Company

2421 NE 51st Street
Address

Lighthouse Point, Florida 33064
City/State and Zip Code

masicorp2@gmail.com

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

For further information concerning this matter, please call:

THOMAS LOMBARDO

Name of Person

at (917) 270-4176

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:

MASICORP, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2421 NE 51st Street

2421 NE 51st Street

Lighthouse Point, FL 33064

Lighthouse Point, FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS LOMBARDO

Name

2421 NE 51st Street

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

Lighthouse Point, Florida 33064

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)

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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

THOMAS LOMBARDO

2421 NE 51st Street

Lighthouse Point, Florida 33064

MGRM

LEONARDO MAFFEI

1000 South Ocean Blvd., Unit 18H

Pompano Beach, Florida 33062

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required:

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.)

THOMAS LOMBARDO

Type or printed name of signer

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