

L13000146371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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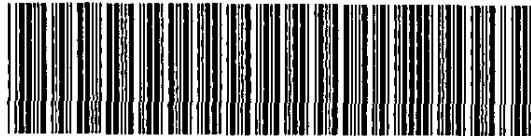
(Business Entity Name)

(Document Number)

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Effective Date *Sept. 23, 2013*

09/26/13--01008--025 \*\*130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*WJ  
5352*

T Burch 007-1-2-2013

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **NICOLETTA CAFFE CORPORATION**  
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:

**Nicolina Lovaglio**

Name of Person

**Nicoletta Caffe Corp.**

Firm/Company

**4 Lake Vista Trail, 105**

Address

**Port St. Lucie, FL 34952**

City/State and Zip Code

**mangieripompeo@yahoo.it**

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

For further information concerning this matter, please call:

**Jack DiGiorgio**

Name of Person

at ( **772** ) **807-4476**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2013

NICOLINA LOVAGLIO  
4 LAKE VISTA TRAIL 105  
PORT ST LUCIE, FL 34952

SUBJECT: NICOLETTA CAFFE CORP., LLC  
Ref. Number: W13000053912

We have received your document for NICOLETTA CAFFE CORP., 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):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 713A00022798

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Nicoletta Caffè, LLC

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

## ARTICLE II - Address:

Effective Date Sept. 23, 2013

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

### Principal Office Address:

4 Lake Vista Trail, 105

Port St. Lucie, FL 34952

### Mailing Address:

4 Lake Vista Trail, 105

Port St. Lucie, FL 34952

## 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:

Nicolina Lovaglio

Name

4 Lake Vista Trail, 105

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

Port St. Lucie FL 34952

City, State, and Zip

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*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

Nicolina Lovaglio

4 Lake Vista Trail, 105

Port St. Lucie, FL 34952

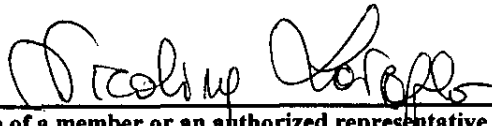
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 23, 2013. (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.)

Nicolina Lovaglio

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)**