

**L13000173668**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

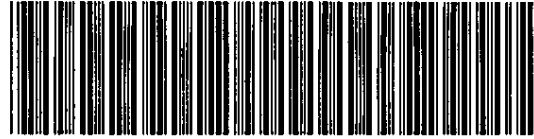
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**900254389969**

12/16/13--01009--017 \*\*125.00

APPROVED  
AND  
FILED

13 DEC 16 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 17 2013  
**EXAMINER**

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Studio V360**

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:

**Mario Cantergiani**

Name of Person

**Studio V360**

Firm/Company

**4800 S Pine Island Rd. #46**

Address

**Davie, FL 33328**

City/State and Zip Code

**mfcante@aol.com**

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

For further information concerning this matter, please call:

**Mario Cantergiani**

Name of Person

at ( **954** ) **205-8486**

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:

Studio V360 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:

4800 S Pine Island # 46  
Davie, FL 33328

### Mailing Address:

4800 S Pine Island Rd, # 46  
Davie, FL 33328

## 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:

Mario Cantergiani

Name

4800 S Pine Island Rd. # 46

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

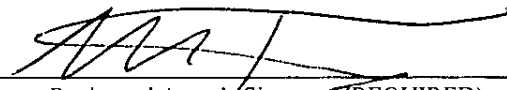
Davie, FL 33328

FL

City, State, and Zip

APPROVED  
AND  
FILED  
13 DEC 16 PM 1:43  
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)

18 DEC 16 PM 1:43

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 2 of 2