

L13000 174275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

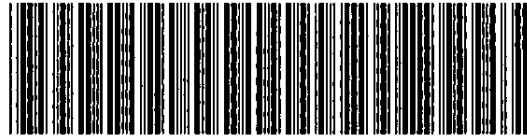
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/25/13--01026--020 **130.00

FILED

2013 DEC 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2013

T. HAMPTON

13-65558

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sopranos Italian Courtyard Pizza and Pasta Restaurant
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:

Saverio Fabozzi

Name of Person

Firm/Company

1421 SW 27th Ave #1203

Address

Ocala, FL 34471

City/State and Zip Code

Chefsal49@cox.net

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

For further information concerning this matter, please call:

Saverio Fabozzi

Name of Person

at (352) 216-2891

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

RECEIVED

13 DEC 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 27, 2013

SARERIO FABOZZI
1421 SW 27TH AVE
1203
OCALA, FL 34474

SUBJECT: SOPRANOS ITALIAN COURTYARD PIZZA AND PASTA
RESTAURANT
Ref. Number: W13000065558

We have received your document for SOPRANOS ITALIAN COURTYARD PIZZA AND PASTA RESTAURANT and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the LLC in Article I - Name.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 613A00027354

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOPRANOS ITALIAN COURTYARD PIZZA AND PASTA RESTAURANT 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:

101 SW 60th Ave
Ocala, FL 34474

Mailing Address:

101 SW 60th Ave
Ocala, FL 34474

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.)

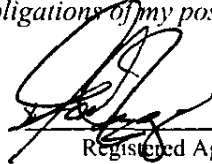
The name and the Florida street address of the registered agent are:

Saverio Fabozzi
Name

1421 SW 27th Ave #1203
Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34471
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)

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TALLAHASSEE, 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:

MGRM

Saverio Fabozzi
1421 SW 27th Ave #1203
Ocala, FL 34474

MGRM

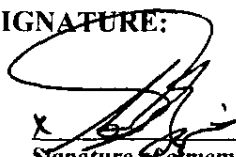
Joseph Fabozzi
1421 SW 27th Ave #1203
Ocala, FL 34474

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Saverio Fabozzi

Typed or printed name of signer

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
2013 DEC 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA