

L140000062860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

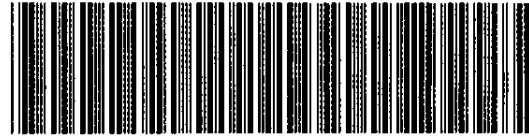
(Document Number)

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

Special Instructions to Filing Officer:

155

Office Use Only



400254226154

12/02/13--01028--005 \*\*87.50

12/30/13--01035--008 \*\*67.50

Effective Date 12/12/13

FILED  
2013 DEC -2 AM 11:40  
JAN 7 2013

JAN - 7 2013

T. HAMPTON

6013-66075

(850) 245-6051.

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Carlo Dei Prosperi 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:

Carlo Dei Prosperi

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3671 NW 17 Way

\_\_\_\_\_  
Address

Oakland Park, Fl. 33309

\_\_\_\_\_  
City/State and Zip Code

cdp01973@hotmail.com

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

For further information concerning this matter, please call:

Carlo Dei Prosperi

954

731 0574

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**Cover Letter**

Company Established : Carlo Dei Prosperi LLC.  
Company Address : 3671 NW 17 Way  
(Mailing and Physical) : Oakland Park , FL. 33309  
Phone # : 1(954) 731-0574  
Other # : 1(754) 214 - 3378 ( Gladys  
Constantaras )  
Email : cdp01973@hotmail.com

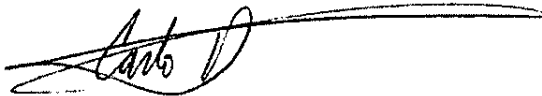
Owner / Pres / Agent : Carlo Dei Prosperi  
Address : Same as Above  
Contact : Same as Above

**Nature Of Business** : International Business Development. Consulting  
companies that look to expand their business in the international market.

**Note** : A Payment of \$87.50 has been sent and retained. You will see this  
information on the letter ( Letter Number: 713A00027538 and Ref. #  
W13000066075 )that is accompanying these documents. This letter was sent  
to me requesting these additional documents. A check for the difference of  
\$37.50 will be sent to you if the \$87.50 been processed. If it has not been  
processed I will accompany a check for the total amount requested of  
~~\$125.00.~~ 155.<sup>00</sup> CDP.

Kind Regards,

Carlo Dei Prosperi  
12/18/2013





**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

**December 3, 2013**

**CARLO DEI PROSPERI**  
**3671 NW 17 WAY**  
**OAKLAND PARK, FL 33309**

**SUBJECT: CARLO DEI PROSPERI LLC**  
**Ref. Number: W13000066075**

**We have received your document for CARLO DEI PROSPERI LLC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:**

**The incorrect form was submitted to us.**

**We are enclosing the proper form(s) with instructions for your convenience.**

**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) 245-6052.**

**Jessica A Fason**  
**Regulatory Specialist II**

**Letter Number: 713A00027538**

**[www.sunbiz.org](http://www.sunbiz.org)**

**Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314**

Effective Date

12/12/13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Carlo Dei Prosperi 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:**

3671 NW 17 Way  
Oakland Park, FL 33309

**Mailing Address:**

3671 NW 17 Way  
Oakland Park, FL 33309

**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:

Carlo Dei Prosperi

Name

3671 NW 17 Way

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

Oakland Park, FL 33309

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)

Page 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:**

NA

NA

NA

NA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 12, 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.)

Carlo Dei Prosperi

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)

FILED  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA