

L14000024253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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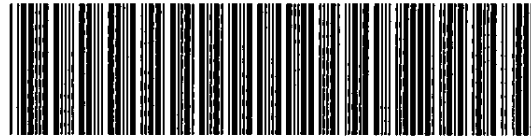
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 30 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/28/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COSTAMAGNA UNLIMITED 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:

MARIA ALEJANDRA RUSSELL

Name of Person

COSTAMAGNA UNLIMITED LLC

Firm/Company

13810 LONGS LANDING RD. E.

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

MRussell@Costamagna.us

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

For further information concerning this matter, please call:

Maria A. Russell

Name of Person

at **(202) 441-0734**

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:

COSTAMAGNA UNLIMITED, 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:

Mailing Address:

13810 LONGS LANDING RD. E., JACKSONVILLE, FL 32225

13810 LONGS LANDING RD. E., JACKSONVILLE, FL 32225

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:

MARIA ALEJANDRA RUSSELL

Name

13810 LONGS LANDING RD. E., JACKSONVILLE, FL 32225

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

JACKSONVILLE

FL 32225

City

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MARIA ALEJANDRA RUSSELL

13810 LONGS LANDING RD. E.

JACKSONVILLE, FL 32225

AMBR

ANDREW P. RUSSELL

13810 LONGS LANDING RD. E.

JACKSONVILLE, FL 32225

(Use attachment if necessary)

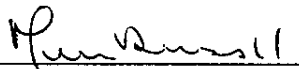
ARTICLE V: Effective date, if other than the date of filing: JANUARY 28, 2014. (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

No members shall have the right to assign their membership interests in the Company without agreement of all of the membership interest, unless otherwise provided in the company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive some level of approved compensation

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

MARIA ALEJANDRA RUSSELL

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)

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