

L14000100511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

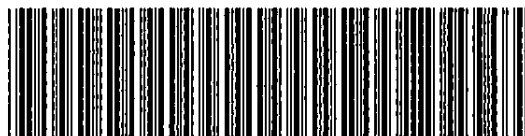
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Special Instructions to Filing Officer:

W14-38821

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RECEIVED  
JUN 20 2014  
SUFFOLK COUNTY

2014 JUN 20 AM 11:28

2014 JUN 20 PM 12:09

FILED

CLERK OF STATE  
TALLAHASSEE FLORIDA

JUN 24 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2014

FLORIDA FILING & SEARCH SERVICES

SUBJECT: PAISAN GILCHRIST LLC  
Ref. Number: W14000038821

We have received your document for PAISAN GILCHRIST LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A00013527

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TALLAHASSEE FLORIDA  
DIVISION OF STATE  
CORPORATIONS

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:**

6/24/14

**NAME:**

PAISAN GILCHRIST LLC

**TYPE OF FILING: ARTICLES**

**COST:**

125.00

**RETURN:**

PLAIN COPY PLEASE

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

FLORIDA  
TALLAHASSEE  
FLORIDA

2014 JUN 20 PM 12:09

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAISAN GILCHRIST 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:

Lynn Woerner  
Name of Person

Delaware Corporate Services Inc.  
Firm/Company

901 N Market St., Suite 705  
Address

Wilmington DE 19801  
City/State and Zip Code

dmccollom@mccollomfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Woerner at ( 302 ) 482-4271  
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

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paisan Gilchrist 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:

8094 Vizcaya Way  
Naples FL 34108

8094 Vizcaya Way  
Naples FL 34108

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:

William F D'Alonzo

Name

8094 Vizcaya Way

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

Naples

FL 34108

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 685, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

MGR

**Name and Address:**

William F. D'Abnzu  
8094 Vizcaya Way  
Naples Florida 34108  
Eugene A. DiPrinzio  
10 Dogwood Hill Lane  
Chadds Ford PA 19317

(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.)

**ARTICLE VI:** Other provisions, if any.

**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.)

William F. D'Abnzu

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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DEPARTMENT OF STATE