

214000131061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 AUG 20 AM 11:30
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AUG 21 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2014

WILLIAM J. SBARRA
2162 FALLS CIRCLE
VERO BEACH, FL 32967

SUBJECT: WILLIAM J. SBARRA, LLC
Ref. Number: W14000049488

We have received your document for WILLIAM J. SBARRA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 814A00017360

2014 AUG 20 AM 11:30

FILE

WILLIAM J. SBARRA
2162 FALLS CIRCLE
VERO BEACH, FLORIDA
32967

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM J. SBARRA, 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:

WILLIAM J. SBARRA
Name of Person

Firm/Company

2162 FALLS CIRCLE
Address

VERO BEACH, FLORIDA 32967
City/State and Zip Code

WJSBARRA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM J. SBARRA at (772) 257 6045
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

11 AUG 20 AM 11:30
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

William J. Sbarra, 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:

2162 Falls Circle

Same

Vero Beach, FL 32967

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 J. Sbarra

Name

2162 Falls Circle

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

Vero Beach

FL

32967

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.

William J. Sbarra

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

William Sbarra
2162 Falls Circle
The Falls
Vero Beach, Fl. 32967

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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 - MANAGER

Name and Address:

William J. Sharra

2162 Falls Circle

Vero Beach, FL. 32967

(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:

William J. Sharra

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 J. Sharra

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 20 AM 11:30

FILED