

L14000167489

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14 OCT 24 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Bush OCT 28 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Lisa Croato 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:

Lisa Croato  
Name of Person

Firm/Company

9591 SW Glenbrook Dr.  
Address

Port St. Lucie FL 34987  
City/State and Zip Code

lisacroato@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Croato  
Name of Person

at

561  
Area Code

818 1918  
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:

Alta Crovato 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:

9591 SW Glenbrook Dr.  
Port St. Lucie, FL 34987

Mailing Address:

9591 SW Glenbrook Dr.  
Port St. Lucie FL 34987

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:

Alta Crovato  
Name  
9591 SW Glenbrook Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Port St. Lucie FL 34987  
City Zip

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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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

MGR

**Name and Address:**

Lisa Croato  
9591 SW Glenbrook Dr.  
Port St. Lucie FL 34987

Nikki Elizabeth Croato  
9591 ~~21051~~ SW Glenbrook Dr.  
Port St. Lucie FL 34987

Elizabeth Croato  
21051 SW 93RD LN RD  
Bunnell FL 34431

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/22/14 (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]  
**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.)

Lisa C. Croato

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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