

L14000173506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

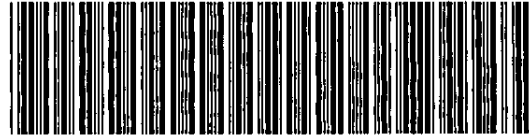
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200266225532

11/06/14--01009--014 **130.00

FILED
2014 NOV -6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV -7 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENZOART GALLERY "L.L.C."
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:

VICENTE TRAPANI
Name of Person

ENZOART GALLERY "L.L.C."
Firm/Company

474 LUNA BELLA LN
Address

NEW SMYRNA BEACH FLORIDA 32168
City/State and Zip Code

ENZOART00@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICENTE TRAPANI at (386) 3661612
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENZOART GALLERY "L.L.C."

(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:

474 LUNA BELLA LN
NEW SMYRNA BEACH
FL 32168

Mailing Address:

474 LUNA BELLA LN
NEW SMYRNA BEACH
FL 32168

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:

VICENTE TRAPANI
Name

474 LUNA BELLA LN
Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BEACH FL 32168
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..

VICENTE TRAPANI
Digitally signed by VICENTE TRAPANI
DN: cn=VICENTE TRAPANI, o=ENZOART GALLERY, LLC, ou,
email=ENZOART00@HOTMAILLL.COM, c=US
Date: 2014.11.01 14:14:33 -0400

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 NOV -6 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

VICENTE TRAPANI

474 LUNA BELLA LN

NEW SMYRNA BEACH FL 32168

2014 NOV -6 PM 2:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

VICENTE TRAPANI

Digitally signed by VICENTE TRAPANI
DN: cn=VICENTE TRAPANI, o=ENZOART GALLERY, LLC, email=ENZOART@HOTMAIL.LL.LL.COM,
c=US
Date: 2014.11.01 14:14:10 -0400

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.)

VICENTE TRAPANI

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)