

L 14000180802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

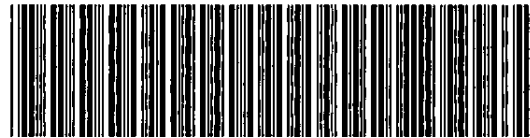
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO STATUTE PER
CONVERSATION WITH
JOANN FILLIPPO
11/21/2014 KS

Office Use Only

014-61453



000265522240

10/22/14--01007--004 **87.50

11/20/14--01015--005 **42.50

EFFECTIVE DATE
11-10-2014

FILED
2014 NOV -4 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 21 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

JOANN FILLIPPO
1190 FOREST HILLS ROAD
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FILLIPPO FAMILY CHILD CARE INC.
Ref. Number: W14000064643

We have received your document for FILLIPPO FAMILY CHILD CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 214A00022798

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FILLIPPO FAMILY CHILD CARE, LLC

(Proposed company name - must include suffix)

RECEIVED
14 NOV -4 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

JOANN FILLIPPO
1190 FOREST HILLS RD.
ALTAMONTE SPRINGS, FL 32714

For Further information concerning this matter, please call: JOANN FILLIPPO at 407-756-6634.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE
11-10-2014

ARTICLES OF ORGANIZATION

OF

FILLIPPO FAMILY CHILD CARE, LLC

FILED
2014 NOV -4 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: FILLIPPO FAMILY CHILD CARE, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1190 FOREST HILLS RD., ALTAMONTE SPRINGS, FL 32714.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

JOANN FILLIPPO

1190 FOREST HILLS RD.
ALTAMONTE SPRINGS, FL 32714

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.


JOANN FILLIPPO

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	JOANN FILLIPPO 1190 FOREST HILLS RD. ALTAMONTE SPRINGS, FL 32714

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be November 10, 2014.



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

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOANN FILLIPPO

Printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
2014 NOV -4 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, We have hereunto set our hands and seals,
acknowledged and filed the foregoing Limited Liability Company under the
laws of the State of Florida this 28th day of October,
2014.

Joann Fillippo
JOANN FILLIPPO

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 28th day
of October, 2014, by JOANN FILLIPPO, who is personally known to
me or who has produced driver's license as identification and who did
take an oath.



BRITTANY NEWSOME
MY COMMISSION # FF 139719
EXPIRES: July 8, 2018
Bonded Thru Budget Notary Services

Brittany Newsome
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of
Process for the above-stated company at the place designated herein, 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.

Joann Fillippo
JOANN FILLIPPO

DATE:

10/28/2014

2014 NOV - 4 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED