

L14000185096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

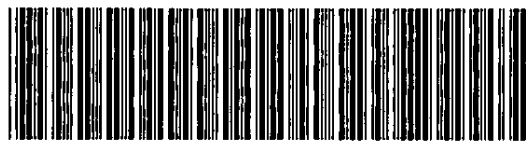
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/14--01019--003 **125.00

EFFECTIVE DATE

11/5/14

FILED
2014 NOV 10 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Gulligan DEC 3 - 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DA SILVA HOUSE, 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:

FABIO DEL TINTO

Name of Person

Firm/Company

11111 BISCAYNE BOULEVARD, UNIT 417,

Address

MIAMI, FL. 33181

City/State and Zip Code

fabio.rs.br@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Storaro

Name of Person

at (305) 458-1351

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2014

FABIO DEL TINTO
11111 BISCAYNE BLVD. UNIT 417
MIAMI, FL 33181

SUBJECT: DA SILVA HOUSE LLC
Ref. Number: W14000069110

We have received your document for DA SILVA HOUSE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 914A00024348

RECEIVED
14 DEC -2 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Da Silva House 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:

11111 Biscayne Blvd., Unit 417
Miami, FL 33181

11111 Biscayne Blvd., Unit 417,
Miami, FL 33181

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:

Fabio Del Tinto

Name

11111 Biscayne Blvd., Unit 417,

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

Miami

FL 33181

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.

Fabio Del Tinto
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address:

Fabio Del Tinto

11111 Biscayne Blvd., Unit 417,

Miami, FL 33181


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 05, 2014 (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.)

Fabio Del Tinto

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA