## 14000190721

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2007)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Division of	s Section Corporations		
SUBJECT:AR	TESANO ECOLOGICO, LI Name of Lir	.C. nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<del></del>		Name of Person	
ARTESA	ANO ECOLOGICO, LLC		
		Firm/Company	
990 15	T AVENUE SOUTH, SUITI		
		Address	
NAPLES	S. FL 34102		
	C	City/State and Zip Code	
info@fole	vforensicaco.com Femail address: (to he use	d for future annual report notific	ation)
For further information	on concerning this matter, plea	•	
CLAUDIA VILLAVIO Nat	CENCIO at (	239 ) 300 6660 Area Code Daytime Te	elephone Number
Enclosed is a check for	or the following amount:		·
3 \$125.00 Filing Fec	☑\$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

December 10, 2014

ALBALUCIA FOLEY FOLEY FORENSIC ACCOUNTING LLC 990 1ST AVENUE SOUTH, SUITE 201 NAPLES, FL 34102

SUBJECT: ARTESANO LLC Ref. Number: W14000069130

We have received your document for ARTESANO 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Letter Number: 014A00024361

Neysa Culligan Regulatory Specialist II

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.

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: 014A00024361

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai The name of the L	me: imited Liability Co	mpany is:						
ARTESANO E	COLOGICO, LLC	the words "Limit	ted Liability Comp	any, "L.L.C.," o	r "LLC.")			
ARTICLE II - Ac The mailing addre	<b>Idress:</b> ss and street addres	s of the principal	l office of the Lim	ited Liability Co	mpany is:			
Principal Office A	Address:		Mailing Ad	dress:				
990 1st Avenue NAPLES, FL 34	South, Suite 201 102		990 1STA NAPLES, I	VENUE SOUT FL 34102	TH, SUITE 201			
(The Limited Liab another business of	tegistered Agent, l ility Company cam entity with an active Florida street addre	not serve as its ov e Florida registra	wn Registered Age tion.)			ial or	2014 DEC 15	
	-	:Foley For Na	ensic Accountno	LLC			뀨	1
		South, Suite 2 t address (P.O. E	01 Box <u>NOT</u> acceptab	ole)			¢: 12	
	Naples	City	FL 3410	Zip				
the place design capacity. I furth	ned as registered ag gnated in this certifi ner agree to comply nd I am familiar wit Regis	cate, 1 hereby acc with the provisio th and accept the Ch	cept the appointme ons of all statutes re	nt as registered a clating to the prop position as regist	ngent and agree to ver and complete p	act in this erformance		

(CONTINUED)

Page 1 of 2

Foley Forensic Accounting Dec 15 14 11:49a

"AMBR" = Authorized Member "MGR" = Manager PRESIDENT  CLAUDIA VILLAVICENCIO 820 New Waterford Dr. #101 NAPLES. FL 34104  (Use attachment if necessary)  (TICLE V: Effective date, if other than the date of filin an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)  (TICLE 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 Polony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Siling Fees:  Siling Fees for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional)	<u>Title:</u>	Name and Address:		
CLAUDIA VILLAVICENCIO S20 New Waterford Dr. #101 NAPLES. FL 34104  (Use attachment if necessary)  CTICLE V: Effective date, if other than the date of filis an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)  CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  (In accordance with section 695.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of peripary 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 Patiny as provided for in s.817.155, F.S.)  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)				
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