

L15000035642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

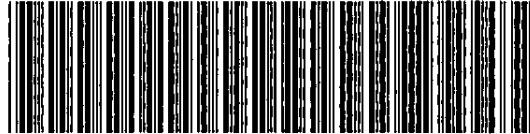
(Business Entity Name)

(Document Number)

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01/21/15--01006--010 **160.00

FILED
2015 FEB 24 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 26 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Christiana Casanova 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:

Christiana S. Casanova
Name of Person

Christiana Casanova, LLC
Firm/Company

9203 Griggs Rd, Unit A204
Address

Englewood, FL 34224
City/State and Zip Code

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

For further information concerning this matter, please call:

Christiana S. Casanova at (904) 953-2764
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

CHRISTIANA S. CASANOVA
9203 GRIGGS ROAD, UNIT A-204
ENGLEWOOD, FL 34224

SUBJECT: CHRISTIANA CASANOVA L.L.C.
Ref. Number: W15000007226

We have received your document for CHRISTIANA CASANOVA L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

DOC RECEIVED ON 01/21/15

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: 015A00002011

RECEIVED
15 FEB 24 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christiana Casanova, 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:

9203 Griggs Rd.
Unit A204
Englewood, Florida 34224

9203 Griggs Rd
Unit A204
Englewood, Florida 34224

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.)

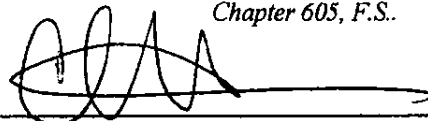
The name and the Florida street address of the registered agent are:

Christiana S. Casanova, NP-C
Name

9203 Griggs Rd., Unit A204
Florida street address (P.O. Box **NOT** acceptable)

Englewood FL 34224
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2015 FEB 24 PM 12:26
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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 / owner

Name and Address:

Christiana S. Casanova, NP-C

9203 Griggs Rd., Unit A204

Englewood, Florida 34224

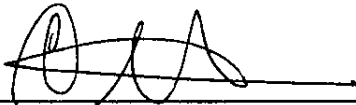
(Use attachment if necessary)

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:



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.)

Christiana S. Casanova, NP-C

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 24 PM 12:26

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