

L15000072250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

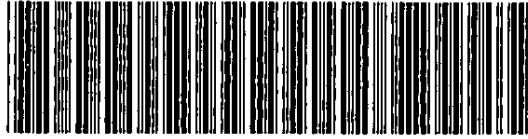
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/15/15--01015--016 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 16 AM 12:20

FILED

JAMES V. GATTI  
9673 COMMODORE DRIVE  
SEMINOLE, FL 33776  
727-385-5186  
[milo.sebastian@aol.com](mailto:milo.sebastian@aol.com)

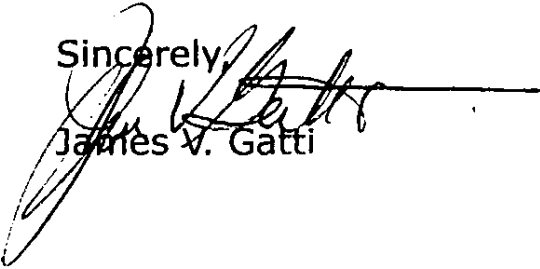
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

April 10, 2015

Registration Section,

Attached please find a check for the filing fees in the amount of \$160.00 (one hundred sixty dollars) as required by the State of Florida, Division of Corporations, to establish my company, Cenzag and Company L.L.C.

Sincerely,

  
James V. Gatti

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENZAG AND COMPANY 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:

JAMES V. GATTI

Name of Person

CENZAG AND COMPANY L.L.C.

Firm/Company

9673 COMMODORE DRIVE

Address

SEMINOLE FL 33776

City/State and Zip Code

MILO.SEBASTIAN@AOL.COM

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

For further information concerning this matter, please call:

JAMES V. GATTI at ( 727 ) 385-5186

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENZAG AND COMPANY 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:

9673 COMMODORE DR  
SEMINOLE, FL 33776

Mailing Address:

9673 COMMODORE DR.  
SEMINOLE FL 33776

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:

VINCENZA GATTI

Name

9673 COMMODORE DR.

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

SEMINOLE FL 33776

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.*

Vincenza Gatti

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

**Name and Address:**

MANAGER  
MGR

JAMES GATTI  
9673 COMMODORE DR  
SEMINOLE, FL 33776

AMBR

VIACCENZA GATTI  
9673 COMMODORE DR.  
SEMINOLE F 33776

AMBR

ERNESTO S. VILDOSTEGUI  
9673 COMMODORE DR.  
SEMINOLE FL 33776

(Use attachment if necessary)

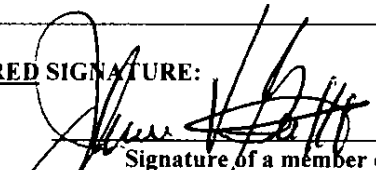
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

JAMES V. GATTI

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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TALLAHASSEE, FLORIDA