

45000615646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

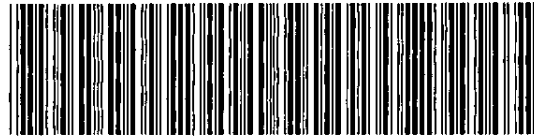
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/22/15--01003--011 \*\*155.00

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TALLAHASSEE, FLORIDA



## Florida LLC Process Checklist

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EIN/NO 2553

Please, read and follow these instructions carefully to properly complete your Corporate Documents.

1. ☐ Prepare a check for the state filing fee of \$155, payable to the Florida Secretary of State. This fee consists of \$125 registration fee and \$30 fee for a certified copy of your filing. Unless you request the copy and pay the additional fee, the state will send you back only acknowledgement letter for the completion of the filing.
2. ☐ Please, sign both copies of the Articles of Organization, where indicated with your name.
3. ☐ Send both copies of your Articles of Organization, cover letter and your check for the filling fee to the Secretary of State at the following address:

**Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

Once you send your Articles of Organization to the Secretary of State, they will file them and you'll be sent any notices regarding the acceptance, incorporation date and any other notices you may need.

4. ☐ Enclosed with your documents is your Employer Identification Number (EIN) confirmation Letter from the IRS Department of Treasury. Please, keep this for your records.

*Congratulations on beginning your new business!*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orsini Engineering, 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:

Hector Orsini

Name of Person

Orsini Engineering, LLC

Firm/Company

1003 E Powhatan Ave

Address

Tampa, FL 33604

City/State and Zip Code

HECTOR.ORSINI@GMAIL.COM

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

For further information concerning this matter, please call:

Hector Orsini

Name of Person

at 813 391-5207

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orsini Engineering, 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:

1003 E Powatan Ave

Tampa, FL 33604

Mailing Address:

1003 E Powatan Ave

Tampa, FL 33604

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.*

Brandy Vendrick Brandy Vendrick  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

Hector Orsini

1003 E Powhatan Ave

Tampa, FL 33604

AMBR

AMBR

(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.)

Hector Orsini

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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