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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
FLORIDA ESTATE ADVISORY COUNCIL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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JUL 20 2015

S. GILBERT

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#5373 P:001/004



July 17, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FLORIDA ESTATE ADVISORY COUNCIL, LLC
REF: W15000048030

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000173468
Letter Number: 815A00015022

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15 JUL 17 PM 12:29
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P.O. BOX 6327 - Tallahassee, Florida 32314

H15000173468

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Florida Estate Advisory Council, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1470 - W NW 107 Ave
Doral, FL 33172

15 JUL 17 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

1470 - W NW 107 Ave
Doral FL 33172
CARLO A. LOZZI

ARTICLE IV -

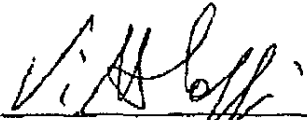
The name and title of each person authorized to manage and control the Limited Liability Company:

Vittorio LOZZI - MGR
Bettina LOZZI - MGR

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Required Signatures:

X 

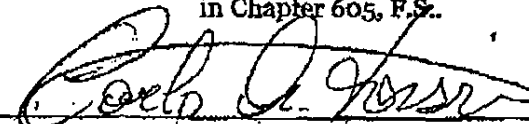
Signature of a member or an authorized representative of a member.

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.

Vittorio LOZZI

Typed or printed name of signee

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..

X 

Registered Agent's Signature (REQUIRED)

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