

L15000126593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

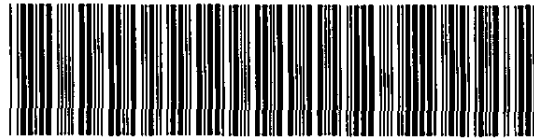
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Clapnet Collar, LLC  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CLAPNAF COLLAR, LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**10440 NW 48 STREET  
DORAL, FL 33178**

**Mailing Address:**

**10440 NW 48 STREET  
DORAL, FL 33178**

**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:

**FERNANDO DE CECCHI**

Name

**10440 NW 48 STREET**

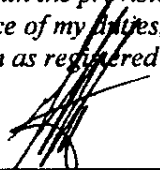
Florida street address (P.O. Box NOT acceptable)

**DORAL, FL 33178**

City, State, and Zip

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"AGRM" = Authorized Member

**Name and Address:**

**AGRM**

**FERNANDO DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**CONSUELO TORRES  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**NATALIA DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**CLAUDIA DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178**

**AGRM**

**PAOLA DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178**

**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.)**

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ARTICLE VI: Other provisions, if Any:

None

REQUIRED SIGNATURE:



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

In accordance with section 605.0203(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.

**FERNANDO DE CECCHI**

Typed or printed name of signee

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