

L15000139360

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000199368 3)))



H150001993683ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

15 AUG 19 PM 2:04

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

From: Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
Fax Number : (941) 484-7226

15 AUG 18 AM 7:20

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
DEBRA ANN VILLARI PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

AUG 20 2015

S. GILBERT

H150001993683

ARTICLES OF ORGANIZATION
FOR
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

DEBRA ANN VILLARI, PLLC

ARTICLE II - Address

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

Street Address
11192 Batello Drive
Venice, FL 34292

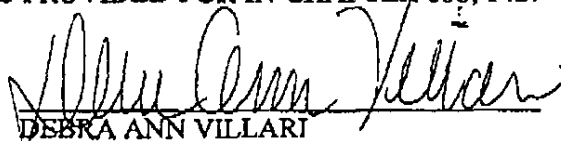
Mailing Address
11192 Batello Drive
Venice, FL 34292

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

DEBRA ANN VILLARI
11192 Batello Drive
Venice, FL 34292

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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 608, F.S.


DEBRA ANN VILLARI

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

H150001993683

H150001993683

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

DEBRA ANN VILLARI

11192 Batello Drive


Venice, FL 34292

ARTICLE V-Effective date, if other than the date of filing:

ARTICLE VI - Professional Nature:

To engage in every aspect in the practice of real estate brokerage and sales

REQUIRED SIGNATURE:



Signature of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DEBRA ANN VILLARI

Typed or Printed Name of Signee

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053