

L15000150745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

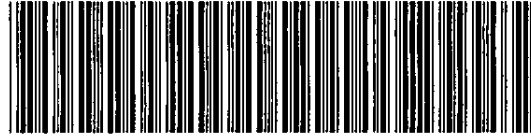
(Document Number)

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WIS-56963

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08/19/15--01013--007 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -4 AM 8:52

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AND
FILED

1/6/

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Panini Place, 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:

Patrick Burke

Name of Person

The Panini Place, LLC

Firm/Company

6333 Beechwood Ave.

Address

Sarasota, Florida 34231

City/State and Zip Code

HCS5234@gmail.com

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

For further information concerning this matter, please call:

Patrick Burke

303

596-9811

at ()

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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2015

PATRICK BURKE
6333 BEECHWOOD AVE.
SARASOTA, FL 34231

SUBJECT: THE PANINI PLACE, LLC
Ref. Number: W15000056963

We have received your document for THE PANINI PLACE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 115A00018103

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Panini Place, LLC

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

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TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

The Panini Place

5204 Ocean Blvd.

Siesta Key, Florida 34242

Patrick Burke

6333 Beechwood Ave.

Sarasota, Florida 34231

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:

Patrick Burke

Name

6333 Beechwood Ave

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

Sarasota

Florida

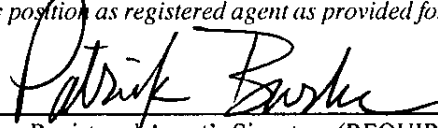
34231

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Heide Crino

6333 Beechwood Ave

Sarasota, Florida 34231

MGR

Kathy Mongiello

1628 Birchwood Street

Sarasota, Florida 34231

MGR

John Mongiello

1628 Birchwood Street

Sarasota, Florida 34231

MGR

Patrick Burke

6333 Beechwood Ave

Sarasota, Florida

(Use attachment if necessary)

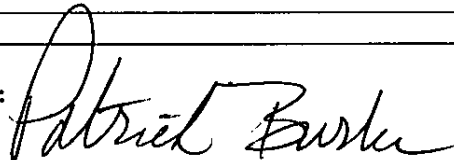
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Patrick Burke

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)