

L15000202429

(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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12/07/15--01001--013 **125.00

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Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

Adios LLC

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Thank you!

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☒ LLC	☐ Name Registration	
Formation	☐ Fictitious Name	☐ UCC
☒ Certified Copy	☐ Photocopies	☐ CUS
New Formation		
☐ Call When Ready	☐ Call If Problem	
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W.P. Verifier _____

12/7/2015

ST

Order#:
9797910

Ref#: _____

Amount: \$ _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADIOS GIORGIO 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:

Debra C. Jones
Name of Person

Bodman PLC
Firm/Company

6th Floor at Ford Field, 1901 St. Antoine Street
Address

Detroit, MI 48226
City/State and Zip Code

djones@bodmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra C. Jones at (313) 656-2519
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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADIOS GIORGIO 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:

Mailing Address:

1 Hotel & Homes South Beach
102 24th Street, Unit 1418
Miami, FL 33139

1 Hotel & Homes South Beach
c/o Nick Giorgio, 102 24th St., Unit 1418
Miami, FL 33139

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:

Nick Giorgio
Name

1 Hotel & Homes South Beach, 102 24th Street, Unit 1418
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33139
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Paula Giorgio

15420 E. Twelve Mile Road

Roseville, MI 48066

AMBR

Nick Giorgio

1 Hotel & Homes S. Beach 102 24th St., Unit 1418

Miami, FL 33139

AMBR

Michael Giorgio

15420 E. Twelve Mile Road

Roseville, MI 48066

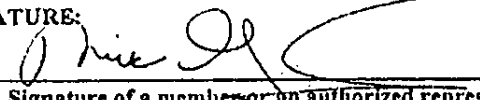
(Use attachment if necessary)

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.)

Nick Giorgio

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA