

LIB000012405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

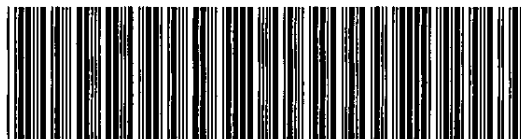
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900280739729

01/11/16--01015--016 \*\*130.00

FILED  
16 JAN 11 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. C. JAN 22 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESFANIO ENTERPRISES 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:

ESTHER OKEKE

Name of Person

ESFANIO ENTERPRISES LLC

Firm/Company

2520 DAVIS BLVD, UNIT E

Address

NAPLES FL 34104

City/State and Zip Code

esfanio@yahoo.com

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

For further information concerning this matter, please call:

ESTHER OKEKE at (301) 407-5249

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESFANIO ENTERPRISES 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:

2520 DAVIS BLVD  
UNIT E  
NAPLES FL 34104

Mailing Address:

P.O. Box 990554  
Naples FL 34116

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:

ESTHER OKEKE

Name

3445 WINIFRED ROW LN, #904

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

Naples FL 34116


City

State

Zip

FILED  
16 JAN 11 PM 2:38  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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, 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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

ESTHER OKEKE  
3445 Winifred Rdw Ln, #903  
Naples FL 34116

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2016 (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.

N/A

**REQUIRED SIGNATURE:**

ESTHER OKEKE

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.

*[Handwritten Signature]*

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)

16 JAN 11 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Before me personally appeared and signed:  
ESTHER O. OKEKE on January 6/2016.

