

L16000015698

(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



400281456274

01/28/16--01002--004 **155.00

RECEIVED
DEPARTMENT OF STATE
16 JAN 27 PM 4:10
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
16 JAN 27 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2016

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
Toll Free: 844-541-6792

DATE: 1-27-16

ENTITY NAME: Fashano Leadership Group LLC WALK IN

****PLEASE FILE THE ATTACHED AND RETURN:****

☐ Plain Copy
☒ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

****APOSTILLE'/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 155⁰⁰

CHECK NUMBER: 2238

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fashano Leadership Group, 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:

Robert J. Fashano
Name of Person

Fashano Leadership Group, LLC
Firm/Company

233 Carina Drive
Address

Jupiter, Florida 33478
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert J. Fashano at (716) 913-2717
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:

Fashano Leadership Group, 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:

233 Carina Drive
Jupiter, Florida 33478

233 Carina Drive
Jupiter, Florida 33478

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:

United Corporate Services, Inc.
Name

9200 South Dadeland Blvd.-Suite 508
Florida street address (P.O. Box NOT acceptable)

Miami FL 33156
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.

Michael A. Barr
Registered Agent's Signature (REQUIRED)
Michael A. Barr, President

(CONTINUED)

16 JAN 27 AM 8:42
SECRETARY OF STATE
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

AMBR

Name and Address:

Robert J. Fashano

233 Carina Drive

Jupiter, Florida 33478

(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.

None.

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.)

Robert J. Fashano

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)