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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Formica Ventures, LLC  Name of Limited Liability Company  |
| Name of Entited Elability Company  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Joseph R. Formica Name of Person   |
|  |
| Formica Ventures, LLC  |
| Firm/Company   |
| 3325 Airport Pulling Rd. N. Apt. D6  |
| Address  |
| Naples, FL 34105  City/State and Zip Code  Joe. Form 1@ gmail. com  E-mail address: (to be used for future annual report notification)   |
| City/State and Zip Code  |
| Joe. Form 1@ gmail. com  |
|  |
| For further information concerning this matter, please call:   |
| Toseph R. Formica at (239) 229-9458  Name of Person Area Code Daytime Telephone Number   |
| 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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)              |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



**ARTICLE 1 - Name:** 

| Γl | ıe | name | of | the | Limi | ited | Lia | bil | lity | Co | inpany | is: |
|----|----|------|----|-----|------|------|-----|-----|------|----|--------|-----|
|----|----|------|----|-----|------|------|-----|-----|------|----|--------|-----|

Formica Ventures LLC: SECRETARY OF STATE and 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:           |
|--------------------------------------|----------------------------|
| 3325 Airport Pulling Rd. N<br>Apt D6 | 3325 Airport Pulling Rd. N |
| Apt D6                               | Apt D6                     |
| Naples, FL 34105                     | Naples, FL 34105           |

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:

Joseph R. Formica

Name

3325 Airport Pulling Rd. N. Apt D6

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

Naples, FL 34105

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)

Page 1 of 2

| <u>Title:</u>   | Name and Address:  | 16 FEB - 8 F   | ितं 3ः       |
|---|--|--|--------------|
| "AMBR" = Authorized Member "MGR" = Manager  |  | SECRETARY O  | )<br>J- 374  |
| - Ivianagei   |  | WILAHASSEE"  | FIR          |
|   |  |  | _<br>_       |
| <u>AMBR</u>   | Joseph R. F.   | ormica   |              |
|   | Joseph R. F.<br>3325 Airport P.<br>Naples, FL 3  | Aling Rd. N. Ap  | of De        |
|   |  |  | · <b></b>    |
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| (Use attachment if necessary)   |  |  |              |
| (Use attachment if necessary)   |  |  |              |
| CLE V: Effective date, if other than the date   | e of filing:   | (OPTIONAL)   | 90 dav       |
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