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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

gf 3/23/16

Attn: Claretha Golden  
Letter # 7164405002  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Shop of Vero One 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:

Barry Federici  
Name of Person

The Shop of Vero One Inc  
Firm/Company

2546 US 1  
Address

Vero Beach, Florida 32960  
City/State and Zip Code

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

For further information concerning this matter, please call:

Barry Federici at (772) 985-6911  
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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

MAR 22 PM 3:57

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2016

BARRY FEDERILI  
106 W ALDEA STREET  
PORT ST LUCIE, FL 34952

SUBJECT: THE SHOP OF VERO ONE LLC  
Ref. Number: W16000018141

We have received your document for THE SHOP OF VERO ONE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 716A00005002

FILED  
16 MAR 22 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/21/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Shop of Vero One LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2546 US 1  
vero Beach, FL 32960

Mailing Address:

2546 US 1  
vero Beach FL 32960

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:

Barry Federici

Name

106 W Aldea St

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

Port Saint Lucie Florida 34952

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..*

Barry Federici

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:**

MGR

AMBR

Barry Federici  
106 W Aldea Street  
Port St Lucie, FL 34952  
James Carter  
623 20th SW  
Vero Beach, FL 32962

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/21/16 (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:**

Barry Federici

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.

Barry Federici

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)

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16 MAR 22 PM 3:57  
TREASURY OF FLORIDA  
HALL COUNTY