

L16000068741

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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Office Use Only



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10/24/16--01012--021 \*\*25.00

OCT 25 2016

S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 4:03

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE PARADISE CLUB 69 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP SIMONETTA

Name of Person

Firm/Company

3323 NE 33RD STREET

Address

FORT LAUDERDALE FL 33308

City/State and Zip Code

PHILSIMONETTA@GMAIL.COM

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

For further information concerning this matter, please call:

PHILIP SIMONETTA

786 519-7991  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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

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TALLAHASSEE, FLORIDA  
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## Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATRICK OSMAN	48 Castlereagh St, Bossley Park, <i>NEW SOUTH WALES,</i> <i>2156, AUSTRALIA</i>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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OCT 21 10 04 AM '04  
 SECRETARY OF FLORIDA  
 DEPT. OF STATE

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

operating agreement attached

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TALLAHASSEE  
16 OCT 24 PM 4:04

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

## Limited Liability Company Operating Agreement

This Limited Liability Company The Paradise Club 69 LLC Operating Agreement is made and

Entered into and effective as of 10/20/2016, upon payment #1, 2016, by the partners listed below with reference to

Property: Simonetta's Hoagies By The Sea Members formed a limited liability company (LLC) pursuant to the provisions of Chapter 608 of the Florida Statutes. In consideration of the covenants and the promises made herein, the parties hereby agree as follows.

1.1 **Business of the LLC.** "Business of the LLC" shall mean the business of a café and other potential investments.

1.2 **The Managing Member, Philip Simonetta**, is hereby authorized to execute, sign, and deliver, permits and such other documents as may be necessary or required, on behalf of LLC.

1.3 **Vote,** All decisions made by the LLC shall be approved by a majority of the votes of the member where in each member casts a number of votes equal to the member's percentage interest in the

1.4 **Transfer or Assignment of Member's Interest.** No transfer of a member's interest in the LLC will valid without the consent of a majority in interest of the members.

1.5 **Philip Simonetta** will own 75% Interest. **Patrick Osman** will own 25%

1.6 **Patrick Osman** will wire \$15,000.00 (US) in 3 payments of \$5,000.00 (US) to **Philip Simonetta** to purchase said 25%. The payment structure will be as follows: Payment 1 on 10/20/16. Payment 2 on 11/20/16. Payment 3 on 12/20/16. The wire will be sent to the following account to purchase the interest from Philip Simonetta. Account Info

Bank: Paradise Bank. 2420 N Federal Hwy, boca raton fl 33431. Aba# 067015795 Bic Code PAADUS31  
Account info: Philip Simonetta, address PO Box 39294, fort Lauderdale fl 33339, account number:- 210006680

1.7 This operating agreement pertains to this location only. Each location and/or investment will have its own operating agreement.

Percentage Interests:

Name Philip Simonetta 75 % Name Patrick Osman 25 %

Sign Philip Simonetta, P.A.  
10/6/2016 11:47:19 AM EDT

Sign [Signature]  
10/6/2016 2:48:44 PM EDT

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

THE PARADISE CLUB 69, LLC

81-2152796

**Filing Information**

Document Number	L16000068741
FEI/EIN Number	NONE
Date Filed	04/06/2016
Effective Date	04/01/2016
State	FL
Status	ACTIVE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 4: 04**Principal Address**3233 NE 33RD STREET  
FORT LAUDERDALE, FL 33308**Mailing Address**PO BOX 39294  
FORT LAUDERDALE, FL 33339**Registered Agent Name & Address**SIMONETTA, PHILIP  
3323 NE 33RD STREET  
FORT LAUDERDALE, FL 33308**Authorized Person(s) Detail****Name & Address**

Title MGR

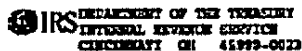
SIMONETTA, PHILIP  
PO BOX 39294  
FORT LAUDERDALE, FL 33339**Annual Reports**

No Annual Reports Filed

**Document Images**

04/06/2016 -- Florida Limited Liability

[View image in PDF format](#)



Date of this notice: 04-08-2016

Employer Identification Number:  
81-2152796

Form: SS-4

Number of this notice: CP 575 G

KARADINE CLIN CO LLC  
PHILIP KIMCHETTA SOLS MGR  
PO BOX 15294  
FT LAUDERDALE, FL 33339

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2152796. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form SS12, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form SS12, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form SS12.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3476 (TTS/TDD 1-800-829-4053) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CSMA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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