

16000113551

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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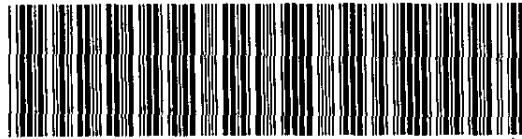
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JUN 14 2016

T. SCOTT



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16 MAY 27 PM 1:10
DIVISION OF CORPORATIONS
STATE OF NEW YORK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2016

LARRY J GONZALES, ESQ.
2706 ALT 19 NORTH, SUITE 308
PALM HARBOR, FL 34683

SUBJECT: MORMINO ENTERPRISES LLC
Ref. Number: W16000021009

We have received your document for MORMINO ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Registered agent must sign.,

Please return 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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 116A00005753

RECEIVED

16 MAY 27 AM 11:28

STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MORMINO FAMILY 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:

Larry J. Gonzales, Esq.

Name of Person

Larry J. Gonzales, P.A.

Firm/Company

2706 Alt. 19 North, Suite 308

Address

Palm Harbor, FL 34683

City/State and Zip Code

lgonzales@lgonzaleslaw.com

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

For further information concerning this matter, please call:

Larry J. Gonzales

727

791-8002

at ()

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:

MORMINO FAMILY 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:

15424 Manning Drive

Tampa FL 33613

Mailing Address:

15424 Manning Drive

Tampa FL 33613

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:

Larry J. Gonzales, Esq.

Name

2706 Alt. 19 North, Suite 308

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

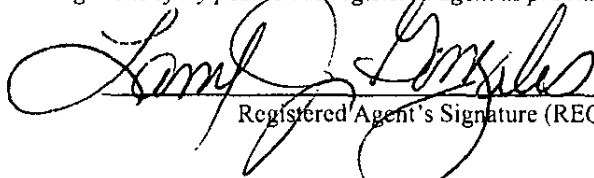
Palm Harbor FL 34683

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)

16 MAY 27 PM 1:10

CLERK OF COURT
DIVISION OF CORPORATE & FINANCIAL SERVICES
TAMPA, 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

MGR

Name and Address:

Giacinto Mormino

15424 Manning Drive

Tampa FL 33613

MGR

Caterina Mormino

15424 Manning Drive

Tampa FL 33613

(Use attachment if necessary)

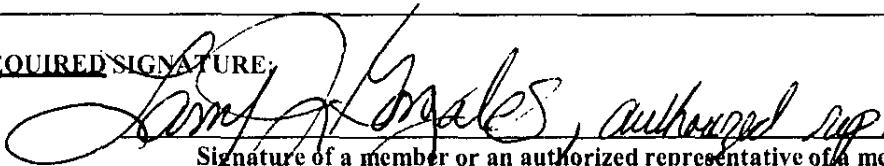
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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:



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.

Larry J. Gonzales

Typed or printed name of signer

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)