# L16000 |51361

(F	Requestor's Name)			
(Address)				
<b>A</b> )	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
. (E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

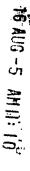
Office Use Only

AUG 1 5 2016 T. SCOTT



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# **COVER LETTER**

Division of Corporations
Von Di Development LLC SUBJECT:
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:
Ric Von Divuittono
Name of Person
Firm/Company
1293 N university Drive unit 172
Address
Coral Springs Florida
City/State and Zip Code sonnyi1172695@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ric Divuittono 516 779-4773
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

# **Mailing Address**

TO:

**Registration Section** 

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

Von Di Developm	ent LLC		
(Must er	d with the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stree	address of the principal office	e of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
1293 N university Drive unit 172		1293	N university Drive unit 172
	271110 (2111111111)		
Coral Springs FL 3  RTICLE III - Registered A The Limited Liability Compa	3071 gent, Registered Office, & R	Coral	Springs FL
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.)	Coral Registered Agen gistered Agent. Y	Springs FL t's Signature:
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	agent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Regin active Florida registration.)  et address of the registered age  Ric Divuittono	Coral Registered Agen gistered Agent. Y	Springs FL t's Signature:
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	agent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Regin active Florida registration.)  et address of the registered age  Ric Divuittono	Coral  Registered Agen gistered Agent. Y  ent are:	Springs FL t's Signature:
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	agent, Registered Office, & Rony cannot serve as its own Regin active Florida registration.)  et address of the registered age  Ric Divuittono	Coral Registered Agen gistered Agent. Y ent are: ame unit 172	Springs FL  t's Signature:  'ou must designate an individual
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	agent, Registered Office, & Rony cannot serve as its own Regin active Florida registration.)  et address of the registered age  Ric Divuittono  Na  1293 N University Drive	Coral Registered Agen gistered Agent. Y ent are: ame unit 172 O. Box NOT ac	Springs FL  t's Signature:  'ou must designate an individual

H 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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Ric Divuittono MGR
(Use attachment if necessary)	
an effective date is listed, the date must be spectate of filing.)	e of filing: (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
RTICLE VI: Other provisions, if any.	
	- Carriero
REQUIRED SIGNATURE:	Divinda
This document is execu I am aware that any fals	ember or an authorized representative of a member.  ated in accordance with section 605.0203 (1) (b), Florida Statutes,  is information submitted in a document to the Department of State  refelony as provided for in s.817.155, F.S.
<del></del>	to 1
	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)