# 117000005039

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
•		



000291812940

11/09/16--01013--002 \*\*160.00

SECK STATE ORID

Office Use Only

M. MOON JAN 03 2017



17 JAN -3 PM 1:28

# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2016

ALEJANDRO PEREZ ESPERON 13715 SW 84 ST., UNIT B MIAMI, FL 33183

SUBJECT: GALLUCCI INVESTMENT LLC

Ref. Number: W16000077268

We have received your document for GALLUCCI INVESTMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 116A00024481

17 (6): -3 (A) 9: 40

### COVER LETTER

	Registration Section Division of Corporations
SUBJEC	GALLUCCI INVESTMENT LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	ALEJANDRO PEREZ ESPERON  Name of Person
	Name of Person
	· · · · · · · · · · · · · · · · · · ·
	Firm/Company 9.
	13715 SW 84 St. (Unit B)
	Address
	MIAMI. FL 33183
	City/State and Zip Code perpatllc@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Alejandro Perez Esperon 786 252 5732
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{Certified Copy (additional copy is enclosed)}}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\te
	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 I - Name: The name of the Limited Liability Company is:	
GALLUCCI INVESTMENT LLC	
(Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
13715 SW 84 St. (Unit B) MIAMI. FL 33183	13715 SW 84 St (Unit B) MIAMI. FL 33183
MIAMI. FL 33183	MIAMI. FL 33183
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
ALEJANDRO PEREZ ESPERO	ON
Name	
13715 SW 84 St. (Unit B) Florida street address (P.O. Box No.	OT acceptable)

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..

MIAMI

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FL

State

33183 Zip

Page 1 of 2

17 JEH - 3 All 9: 40

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager AMBR	ALEJANDRO PEREZ ESPERON
	13715 SW 84 St. (Unit B) MIAMI. FL 33183
MGR	CAROLINA SUAREZ MARTINEZ
	11 NE 204 th, St. # 7. Miami Gardens, FL 33179
MGR	GIANLUIGI GALLUCCI SUAREZ
	11 NE 204 th, St. # 7. Miami Gardens, FL 33179
MGR	CLAUDIA M. GALLUCCI SUAREZ
	11 NE 204 th, St. # 7. Miami Gardens, FL 33179
(Use attachment if necessary)	
EV: Effective date if other than the date	of filing: (OPTIONAL)

ARTICLE VI: Other provisions, if any.

the document's effective date on the Department of State's records.

#### **REQUIRED SIGNATURE:**

Signature of a member of 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.

#### ALEJANDRO PEREZ ESPERON

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)

## **ARTICLE IV (Cont.)**

TITLE

MGR

NAME AND ADDRESS

ALBERTO GALLUCCI SUAREZ 11 NE 204 th, St. # 7. Miami Gardens, FL 33179

Mesandro Perez Esperion

AUTHORIZED HOMEN