

L17000064633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

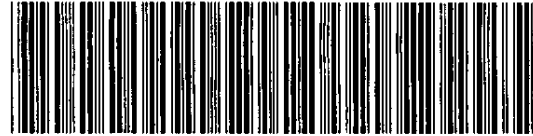
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/24/17--01022--002 \*\*125.00

17 MAR 23 PM 2:56  
CLERK OF DISTRICT COURT  
FALL AND SPRING FLORIDA

4/12/17

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Daja Vu Properties 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:

Giovanni F Crupi

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

133 N Pompano Beach Blvd, Apt 1505

\_\_\_\_\_  
Address

Pompano Beach FL, 33062

\_\_\_\_\_  
City/State and Zip Code

gfc.realtor@gmail.com

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

For further information concerning this matter, please call:

Giovanni F Crupi

954

661-8206

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2017

GIOVANNI F CRUPI  
133 N POMPANO BEACH BLVD. APT. 1505  
POMPANO BEACH, FL 33062

SUBJECT: DAJA VU PROPERTIES LLC  
Ref. Number: W17000016551

We have received your document for DAJA VU PROPERTIES 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):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 017A00003710

RECEIVED  
MAR 23 PM 1:41  
SEAL OF THE STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daja Vu Properties LLC

(Must contain 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:

Mailing Address:

133 N Pompano Beach Blvd  
Pompano Beach FL 33062  
Apt 1505

133 N Pompano Beach Blvd,  
Pompano Beach FL, 33062  
Apt 1505

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:

Giovanni F Crupi

Name

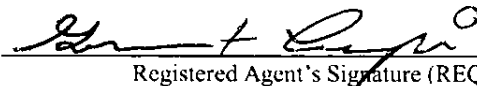
133 N Pompano Beach Blvd, Apt 1505

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

Pompano Beach FL 33062

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)

17 MAR 23 PM 2:56  
STATE  
OFFICE OF  
RECORDS & ADMINISTRATION  
TALLAHASSEE, 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

AMBR

**Name and Address:**

Giovanni F Crupi

133 N Pompano Beach Blvd, APT 1505

Pompano Beach FL, 33062

(Use attachment if necessary)

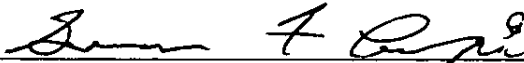
**ARTICLE V:** Effective date, if other than the date of filing: March 1 2017. (OPTIONAL)

(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.

Giovanni F Crupi

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)

17 MAR 23 PM 2:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA