

L17000082647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 APR 10 AM 11:43  
5000 EAST US STATE  
FALL GROUND FLORIDA

EFFECTIVE DATE 04/06/17

W17-017850

04/13/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2017

AIMEE OCCHETTI  
817 CHAPPELLE DR.  
THE VILLAGES, FL 32162

SUBJECT: EXETER TRUST COMPANY OF FLORIDA, LLC  
Ref. Number: W17000017850

We have received your document for EXETER TRUST COMPANY OF FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00004017

- for activities  
- email  
jason.guevara  
@ flotr.com

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## FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

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**DREW J. BREAKSPEAR**  
COMMISSIONER

April 5, 2017

Ms. Aimee Occhetti  
817 Chappells Dr.  
The Villages, FL 32162

Re: Exeter Trust Legal and Professional Services, LLC

Dear Ms. Occhetti:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Exeter Trust Legal and Professional Services, LLC ) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink, appearing to read "JWS", is written over a horizontal line.

Jeremy W. Smith  
Director  
Division of Financial Institutions

JWS/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

## OFFICE OF FINANCIAL REGULATION

### CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

- The corporate name proposed is: Exeter Trust Legal and Professional Services, LLC

- *For Foreign Corporations:* The alternate name (if necessary) is:  
\_\_\_\_\_

- The nature of the business to be transacted:

Estate Planning, Tax & Legal Services, Financial Planning, and Elder Care Services  
\_\_\_\_\_  
\_\_\_\_\_

- The proposed business will be located at:

817 Chappells Dr. The Villages, FL 32162 352-633-9791

Street Address	City	State	Zip Code	Telephone
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- List the principals involved in the proposed company:

Aimee Occhetti  
Karen Severy  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person:	Name	Address	Telephone
	Aimee Occhetti	817 Chappells Dr The Villages, FL 32162	202-716-7466

Return to:

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
(850) 410-9800 (850) 410-9548 (fax)

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Exeter Trust Legal and Professional  
Name of Limited Liability Company  
Services, LLC

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

Please return all correspondence concerning this matter to the following:

Aimee Occhetti

Name of Person

Exeter Trust Legal and Professional  
Firm/Company  
Services, LLC

817 Chappells Dr

Address

The Villages, FL 32162

City/State and Zip Code

aimeeocchetti@gmail.com

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

For further information concerning this matter, please call:

Aimee Occhetti

Name of Person

at (

202

Area Code

716-7466

Daytime Telephone Number

or (352) 633-9791

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)

*Our check has already been cashed or you still have it.*

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:

Exeter Trust Legal and Professional Services, 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:

817 Chappells Dr  
The Villages, FL  
32162

Mailing Address:

Same

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:

Aimee Occhetti, Esq  
Name

817 Chappells Dr  
Florida street address (P.O. Box **NOT** acceptable)  
The Villages, FL 32162  
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..*

Aimee Occhetti  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
17 APR 10 AM 11:43  
CLERK OF STATE  
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/MGR

AMBR/MGR

**Name and Address:**

Aimee Occhetti, Esq.  
817 Chappells Dr  
The Villages, FL 32162

Karen Severy, Esq.  
817 Chappells Dr  
The Villages, FL 32162

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 6, 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.

Aimee Occhetti, Esq.

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)

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

17 APR 10 AM 11:44