

L11000181025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

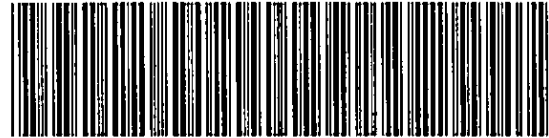
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 AUG 22 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NY 8/24/17

AUGUST 15, 2017



CASSANDRA WILFORE
MANAGING PARTNER

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

2251 Hummingbird Ct. SE
Grand Rapids, MI 49546
(616) 822-2227
cjwilfore@gmail.com

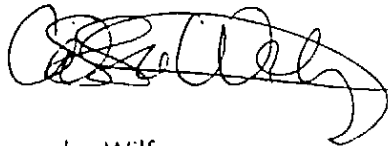
Attn: Florida Department of State – Divisions of Corporations:

Included in this mailing are the completed Articles of Organization and a check for the filing fees required to set up the following new LLC in the state of Florida:

Sartori Entertainment LLC.

My contact information is included to the left. Please contact me directly with any questions or issues regarding this application.

Sincerely,

A handwritten signature in black ink, appearing to read "Cassandra Wilfore", with a long, sweeping flourish extending to the right.

Cassandra Wilfore

COVER LETTER

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

SUBJECT: Sartori Entertainment 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:

Cassandra Jo Wilfore

Name of Person

Firm/Company

2251 Hummingbird Ct SE

Address

Grand Rapids, Michigan, 49546

City/State and Zip Code

cjwilfore@gmail.com

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

For further information concerning this matter, please call:

Cassandra Wilfore at (616) 822-2227
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:

Sartori Entertainment 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:

55 W. Church Street

Unit #3104

Orlando, FL 32801

Mailing Address:

55 W. Church Street

Unit #3104

Orlando, FL 32801

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:

Thomas A. Sartori

Name

55 W. Church Street Unit #3104

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

Orlando

FL

32801

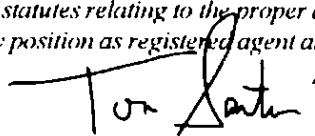
City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

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

AMBR

Name and Address:

Thomas Anthony Sartori

55 W. Church Street, Unit #3104

Orlando, FL 32801

Cassandra Jo Wilfore

2251 Hummingbird Ct SE

Grand Rapids, MI 49546

(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.

Cassandra Jo Wilfore

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
SECRETARY OF STATE
TALLAHASSEE FLORIDA
AUG 22 AM 10:28