

L17000215253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

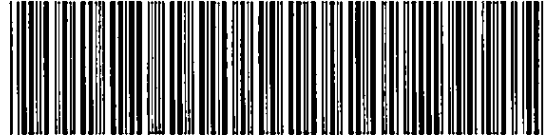
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

OCT 18 2017



200304240202

10/17/17--01026--029 \*\*160.00

CALL CHASSER, FLOWERS

17 OCT 17 PM 3:11

**COVER LETTER**

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

**SUBJECT:** HAXIT 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:

BARBARA AHO

Name of Person

OAK TREE TAX OFFICE INC

Firm/Company

300 SOUTH DIXIE HIGHWAY B

Address

LANTANA FLORIDA 33462

City/State and Zip Code

WALLISAHO@YAHOO.COM

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

For further information concerning this matter, please call:

BARBARA AHO

561

547-9950

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAXIT 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:

VIA DA FORESTA  
87045 DIPIGNANO- COSENZA  
ITALY- EUROPE

P.O. BOX 3468  
LANTANA FL 33465

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:

BARBARA AHO

Name

300 SOUTH DIXIE HIGHWAY # B

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

LANTANA

FL

33462

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.

Barbara Aho

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PLEASE NOTE THAT  
"VIA" IN ITALIAN  
MEANS "STREET"  
(PRINCIPAL OFFICE)  
ADDRESS  
SHE'S LOOKING  
FOR AN OFFICE IN FLORIDA

CALL FOR ASSISTANCE  
FLORIDA

17 OCT 17 PM 3:11

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

ADRIANA TOMAN

40 DA FORESTA

87045 DIPIGNANO

COSENZA - ITALY

"AMBR"

(Use attachment if necessary)

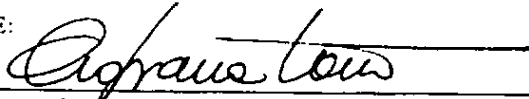
**ARTICLE V:** Effective date, if other than the date of filing: 10-12-2017 (OPTIONAL)

(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.

ADRIANA TOMAN

Typed or printed name of signer

**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)

FILED  
TALLAHASSEE, FLORIDA

17 OCT 17 PM 3:11