

**L11000224061**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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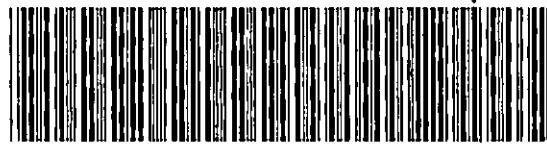
(Business Entity Name)

(Document Number)

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SECONDARY FILING  
FLORIDA  
TALLAHASSEE, FLORIDA

n. 10/30/17

## COVER LETTER

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

**Gianluca's Speciality Imports and Service**  
**SUBJECT:** \_\_\_\_\_  
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:

Gianluca Apa

Name of Person

## Gianluca's Speciality Imports and Service

**Firm/Company**

5081 Marina Circle

**Address**

Boca Raton, FL 33486

**City/State and Zip Code**

[gianluca\\_apa@ymail.com](mailto:gianluca_apa@ymail.com)

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

For further information concerning this matter, please call:

Gianluca Apa at (561) 305-6747

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:

Gianluca's Speciality Imports and Service, 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:**

5081 Marina Circle

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Boca Raton, FL 33486

5081 Marina Circle, Boca Raton, FL 33486

**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:

Gianluca Apa

Name: \_\_\_\_\_

5081 Marina Circle

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

### Boca Raton.

FL

33486

110

State

Zinc

*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

Name and Address:

Gianluca Apa, 5081 Marina Circle, Boca Raton, FL 33486

1. *What is the primary purpose of the study?*

2. *What is the study's hypothesis?*

3. *What is the study's design?*

4. *What is the study's sample?*

5. *What is the study's data analysis?*

6. *What are the study's results?*

7. *What are the study's conclusions?*

8. *What are the study's limitations?*

9. *What are the study's implications?*

10. *What are the study's recommendations?*

Handwriting practice lines for the word 'the'.

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: January 1, 2018 (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.

Gianluca Apa

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 OCT 27 PB 23-30  
Statutes  
of State  
of MASSACHUSETTS  
1913