

From:

12/20/2017 11:45 #408 P.001/004

Division of Corporations

L17000259065

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000332029 3)))



H170003320293ABC

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17 DEC 20 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MARIE ANTOINETTE REALI FL, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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From:

12/20/2017 13:46

#408 P.002/004

850-617-6381

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December 20, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: MARIE ANTOINETTE REALI FL, LLC
REF: W17000106195

We have received your document for MARIE ANTOINETTE REALI FL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Neyssa Culligan
Regulatory Specialist II

FAX And. #: H17000332029
Letter Number: 717A00025726

17 DEC 20 PM 2:55

INFORMATION SERVICES

From:

12/20/2017 13:46:11 #498 P.003/004

17 DEC 20 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mario Antoinette Reali FL, LLC

(Must end with 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:

2727 South Ocean Boulevard Apt. 1406
Highland Beach, FL 33487

Mailing Address:

2727 South Ocean Boulevard Apt. 1406
Highland Beach, FL 33487

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:

Blumberg Excelsior Corporate Services, Inc.

Name

155 Office Plaza Drive, 1st Fl.

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

Tallahassee

FL


32301

City

State

Zip

I 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)

From:

12/20/2017 13:46

#408 P.004/004

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:

Toni Sanzeri

56 Estates Terrace North, Manhasset, NY 11030

AMBR

Mario J. Reali

10 Doby Cam Lane, Brookville, NY 11545

AMBR

Michael Reali

12 Shannon Drive, Woodbury, NY 11797

(Use attachment if necessary)

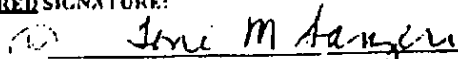
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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. 812.155, F.S.

Toni M Sanzeri

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)

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC 20 AM 8:46