

L18000004127

(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



900307001339

01/05/18--01013--002 **130.00

FILED
18 JAN -5 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

JAN 8 2018

January 2, 2018

To Whom It May Concern:

Enclosed, please find the cover letter, articles, and check in the amount of \$130 for the creation of Gio Creative LLC.

Thank you,

Deniece Giovinazzo

2125 Malibu Lake Circle, Apt 2014
Naples, FL 34119
239-285-2977

COVER LETTER

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

SUBJECT: Gio Creative 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:

Deniece Giovinazzo

Name of Person

Gio Creative LLC

Firm/Company

2125 Malibu Lake Circle, Apt 2014

Address

Naples, FL 34119

City/State and Zip Code

giocreativefl@gmail.com

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

For further information concerning this matter, please call:

Deniece Giovinazzo 239 285-2977

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:

Gio Creative 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:

2125 Malibu Lake Circle, Apt 2014
Naples, FL
34119

3692 Cotton Green Path Drive
Naples, FL
34114

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:

Martin Giovinazzo
Name

3692 Cotton Green Path Drive
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34114
City State Zip

FILED
18 JAN -5 AM 9:35
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

MGR

Name and Address:

Deniece Giovinazzo
2125 Malibu Lake Circle, Apt 2014
Naples, FL 34119

AMBR

Jared Giovinazzo
2125 Malibu Lake Circle, Apt 2014
Naples, FL 34119

(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.

Deniece Giovinazzo

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)

FILED
18 JAN -5 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA