

L18000137483

(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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04/30/18--01028--017 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY - 4 2018

W18-41875

D O'KEEFE

JUN 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2018 JUN -4 AM 9:16
DIVISION OF CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

May 4, 2018

MARIO STOCCO
1300 LINCOLN RD #801
MIAMI BEACH, FL 33139

SUBJECT: 1035 WEST 302, LLC
Ref. Number: W18000041875

We have received your document for 1035 WEST 302, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office-box is not acceptable for the principal office.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 718A00009243

Please See Address Change!

Thanks

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1035 WEST 302, 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:

Mario Stocco
Name of Person

Self
Firm/Company

1300 Lincoln Rd #801
Address

Miami Beach, FL 33139
City/State and Zip Code

mariostocco@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Stocco at 305, 206.6231
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:

1035 WEST 302, 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:

1300 Lincoln Rd # 801 Principal Office Address:

Mailing Address:

P.O. Box 191761
Miami Beach, FL
33139 MS

Mario Stocco
P.O. Box 191761
Miami Beach FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

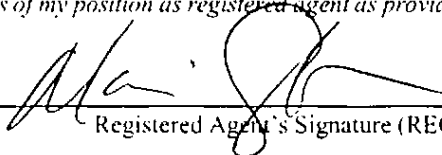
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mario Stocco
Name
1300 Lincoln Rd. # 801
Florida street address (P.O. Box **NOT** acceptable)
Miami Beach FL 33139
City State Zip

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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

AMBR

Name and Address:

Mario Stocco
1300 Lincoln Rd. #801
Miami Beach, FL 33139

Marija Stocco
1032 Wildwood Ave.
Daly City, CA 94015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.

Mario Stocco

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)