

# L18000231026

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-5381

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-5381

**\*\*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.  
APOLLO 907, LLC**

Certificate of Status	0
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18 OCT -1 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

APOLLO 907, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

240 SEAVIEW CT

#405

MARCO ISLAND, FL 34145

Mailing Address:

240 SEAVIEW CT

#405

MARCO ISLAND, FL 34145

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CLAUDE A. MATTESSICH

Name

240 SEAVIEW CT, #405

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

MARCO ISLAND

FL

34

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.

  
Registered Agent's Signature (REQUIRED)

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ALL DOCUMENTS MUST BE  
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**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:**

The Mattessich Family Irrevocable Trust, u/a/d  
9/13/2018, Joanne Arrandale and Claude Mattessich  
Claude Mattessich, Trustees, 9 Abbey Ct, Moriches, NY 11599

MGR

Joanne Arrandale  
35 Kachina Way  
Madison, CT 06443

MGR

Claude Mattessich  
72 S. Windsor Avenue  
Brightwaters, NY 11718

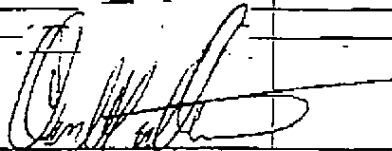
MGR

Sabina Mattessich  
72 S. Windsor Avenue  
Brightwaters, NY 11718

(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.

Claude Mattessich

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)

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