

L19000049666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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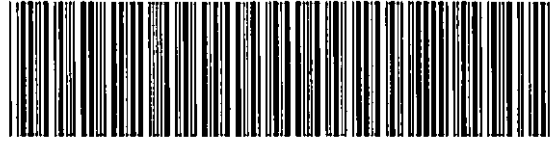
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 27 2019

HAUSER & HAUSER, PLLC

ATTORNEYS AT LAW

1111 KANE CONCOURSE, SUITE 616
BAY HARBOR ISLANDS, FLORIDA 33154
TEL (305) 864-9934

FAX (305) 866-3159

MARC HAUSER, ESQ.
hausermarc@hotmail.com

DAVID L. HAUSER, ESQ.
dhauser@hauserlaw.net

February 20, 2019

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for SIPA 209, LLC

To Whom It May Concern:

I am herewith enclosing the following documents for your agency:

1. Articles of Organization for SIPA 209, LLC; and
2. Our check made payable to "Florida Department of State", in the amount of \$125.00, as and for the filing fee.

Please file the Articles of Organization as soon as possible. Thank you.

Very Truly Yours,

DAVID HAUSER, ESQ.

DH/sh
Enclosures.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SIPA 209, 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:

DAVID HAUSER, ESQ.

Name of Person

HAUSER & HAUSER, PLLC

Firm/Company

1111 KANE CONCOURSE, SUITE 616

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

silviagaffurini@gmail.com

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

For further information concerning this matter, please call:

DAVID HAUSER

305

864-9934

at ()

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:

SIPA 209, 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:

Via Sotto Monte Tapino 6
Moniga Del Garda, Italy 25080

Mailing Address:

Via Sotto Monte Tapino 6
Moniga Del Garda, Italy 25080

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:

DAVID HAUSER ESQ.

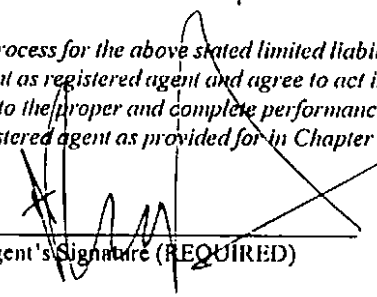
Name

1111 KANE CONCOURSE, SUITE 616

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

<u>Bay Harbor Islands</u>	<u>FL</u>	<u>33154</u>
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)

(CONTINUED)

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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:

SILVIA GAFFURINI

5470 MIDDLEPORT CRESCENT

MISSISSAUGA, ONTARIO CANADA, L4Z3V2

AMBR

PAOLO TURRINA

VIA SOTTO MONTE TAPINO 6

MONIGA DEL GARDA, ITALY 25080

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TALLAHASSEE FLORIDA

(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.)

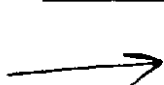
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS

silviagaffurini@gmail.com

REQUIRED SIGNATURE:



Silvia Gaffurini

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.

SILVIA GAFFURINI

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)