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| то: | New Filing Section | |
| | Division of Corporations | |
| SUBJE | E&C VALET LLC CT: | |
| | Name of Lir | mited Liability Company |
| The enc | losed Articles of Organization and fce(s) ar | re submitted for filing. |
| Please r | eturn all correspondence concerning this m | atter to the following: |
| | EMIL COSTELLO | |
| | | Name of Person |
| | E&C VALET LLC | |
| | <u></u> | Firm/Company |
| | 2564 GUAVA DRIVE | |
| | | Address |
| | PORT ORANGE FL 32128 | |
| | | City/State and Zip Code |
| | TONYG@METRA-AUTOSOUND.C E-mail address: (to be use | d for future annual report notification) |
| For furth | er information concerning this matter, plea | |
| | EMIL COSTELLO | 386 5470523 |
| | | Area Code Daytime Telephone Number |
| | 11 the defender following amount: | |
| | ed is a check for the following amount: 00 Filing Fee S130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | <u>Mailing Address</u> New Filing Section Division of Corporations | <u>Street Address</u> New Filing Section Division of Corporations |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2019

EMIL COSTELLO 2564 GUAVA DRIVE PORT ORANGE, FL 32128

SUBJECT: E&C VALET LLC Ref. Number: W19000016453

We have received your document for E&C VALET 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 619A00003509



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE, I - Name:

The name of the Limited Liability Company is:

E&C VALET 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:

2564 GUAVA DR PORT ORANGE FL 32128

Mailing Address:

| 2564 GUAVA | DR | PORT | ORANGE | F <u>L</u> | 321 |
|------------|----|------|--------|------------|-----|
| | | | | | |

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 individua another business entity with an active Florida registration.) | | | | 19 M | · ~-1 | |
|--|--------------------------|----------------------|-------------|--------|-------|--------------|
| The name and the Florida street ac | ddress of the registered | agent are: | | AHAS | AR 27 | و و منہمہ |
| | EMIL COSTELLO | | | S | _ | י זיזיז |
| | Name | | | 만입 | AH | · · · · |
| | 2564 GUAVA DR | | | FLOI | ڢ | <u>ر</u> ، |
| | Florida street address | (P.O. Box <u>NOT</u> | acceptable) | DRID.A | 0 | |
| | PORT ORANGE | FL | 32128 | 7- | | |
| | 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.

stelle

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: | Name and Address: | |
|-------------------------------|-----------------------|----------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| MGR | EMIL COSTELLO | |
| | 2564 GUAVA DR | |
| | PORT ORANGE FL32128 | |
| MGR | CHRIS FUSCO | |
| | 952 NORTHBROOK DRIVE | |
| | ORMOND BEACH FL 32174 | FV 19 |
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| (Use attachment if necessary) | | • |
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ARTICLE V: Effective date, if other than the date of filing: $\frac{\partial 2}{\partial \hat{\gamma}} / / \hat{\gamma}$, (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.)

<u>Note:</u> 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.

ler

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)