

L19000128431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 21 2019

19 MAY 20 AM 11:32  
CLERK OF SUPERIOR COURT  
JANET L. HARRIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2019

ANTHONY R BURGIO  
PO BOX 10833  
BROOKSVILLE, FL 34603

SUBJECT: LAURA ENTERPRISES LLC  
Ref. Number: W19000043190

2019.05.20 PM 2:10

We have received your document for LAURA ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 619A00008906

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Laura Enterprises 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:

Anthony R Burgio  
Name of Person

Laura Enterprises  
Firm/Company

9XB  
377 P.O. Box 10833  
Address

Brooksville Florida 34603  
City/State and Zip Code

bra6573@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony R Burgio at ( 585 ) 300-9342  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



arb  
\$125.00 Filing Fee



arb  
\$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:

LAURA ENTERPRISES 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:

371 Broad Street MGR  
Unit 1  
MARYK TOWN FL 34604

Mailing Address:

P.O. Box 10233 MGR  
BROOKSVILLE Florida  
34603

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:

Anthony R. Burgio MGR

Name

371 Broad Street Unit 1

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

MARYK TOWN FL 34604

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..

Anthony R. Burgio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
CLERK OF CIRCUIT COURT  
FLORIDA

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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

Name and Address:

Anthony R. Burgio MGR

371 Bird Street Unit 1

MARLBOROUGH FLORIDA 34604

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/9/05 (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:

Anthony R. Burgio MGR

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.

Anthony R. Burgio MGR

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)

19 MAY 20 AM 11:32  
MARLBOROUGH FLORIDA