5/29/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001717643)))



H190001717643ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Email Address:

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

9 JUN -3 AM 7:53

FLORIDA LIMITED LIABILITY CO.

Maria Fassi, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Please honor date of 5/29/19

Electronic Filing Menu

Corporate Filing Menu

Help

DISHAY 29 AM 8

2019-05-31 15:12:12 CST

ARTICLE II - Address: The mailing address and street address		Liability Company, "l.	.L.C.," or "L.LC.")	
The mailing address and street address	ess of the principal of			
<u>Principal C</u>		fice of the Limited Li	ability Company is:	
	office Address:		Mailing Address:	
1241 Sandwedge Street		1241 S	andwedge Street	
The Vistas at Champion	sgate	The V	stas at Champtonsgate	
Davenport, FL 33896		Daven	oort, FL 33896	
		Name		
_	i 200 South Pine Isla			
	Florida street address	s (P.O. Box <u>NOT</u> acc	eptable)	
_	Plantation,	Florida	33324	
	City	State	Zip	
Having been named as registered age place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the obligi	ereby accept the appositions of all statutes re ations of my position o	ointment as registered elating to the proper a as registered agent as	agent and agree to act in this cap ad complete performance of my di	acity. I ities, an
By:			•	
- Having been named as registered age place designated in this certificate, I h further agree to comply with the provi	City nt and to accept servi ereby accept the appe sions of all statutes re	State ce of process for the a contment as registered elating to the proper a	Zip bove stated limited liability compa agent and agree to act in this cap nd complete performance of my di	acity ities,

(CONTINUED)

2019 HAY 29 AH 8: 4: SECRETARY OF STATE

Tite: "AMBR" = Authorized Member "MGR" = Manager MGR MGR	Maria Fassi 1241 Sandwedge St., The Vistas at Championegate Davenment, FL. 3389\$
MCR	1241 Sandwedge St., The Vistas at Championegate
	1241 Sandweige St., The Vistas at Championegate
MGR	Davenput, FL 33898
MGR	
MGR	
	Carlin Rodriguez Claudio
	1241 Sandwodge St. The Vistas at Championsgate
	Carlos Rodríguez Claudio
(Use attachment if necessary)	
sent's effective date on the Departme	or meer the applicable statutory filing requirements, this date will not ent of State's records.
sent's effective date on the Departme	ant of State's records.
sent's effective date on the Departme	ent of State's records.
sent's effective date on the Department of the D	Su (s State) or records.
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE:	member or an authorized poresentative of a member.
EVI: Other provisions, if any. EVI: Other provisions, if any. EVI: Other provisions, if any. SEQUERED SIGNATURE:	member or an authorized typresentative of a member.
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe	member or an authorized peresentative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe	member or an authorized typresentative of a member.
EVI: Other provisions, if any. EVI: Other provisions, if any. SEOURED SIGNATURE: Signature of a This document is exe I am aware that any fit constitutes a third deg	member or an authorized appresentative of a member. centred in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe	member or an authorized appresentative of a member. centred in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fit constitutes a third deg	member or an authorized peresentative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s. \$17.155, F.S. uez Claudio Typed or printed name of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is eac I am aware that any fi constitutes a third deg Carlos Rodrig	member or an authorized hypresentative of a member. cutted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of Statutes (gree felona) as provided for in s.817.155, F.S. uez Claudio Typed or printed name of signee Filing Fees:
Ent's effective date on the Department VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is each I am aware that any ficonstitutes a third degree Carlos Rodrig	member or an authorized typresentative of a member. counted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of Statutes felony as provided for in s. \$17.155, F.S. uez Claudio Typed or printed name of signee Filing Free: Organization and Designation of Registered Agent
nt's effective date on the Departme	ant of State's records.