

L19000249365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

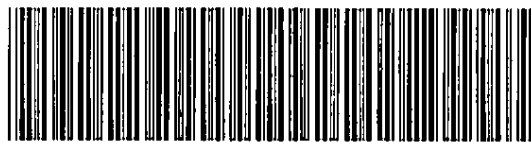
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200335149002

FILING CANCELLED
DUE TO RETURNED CHECK

10/02/19--01005--121 **160.00

S TALLENT

OCT 16 2019

2019 OCT -2 AM 11:45
FILE

COVER LETTER

**TO: New Filing Section
Division of Corporations**

**FILING CANCELLED
DUE TO RETURNED CHECK**

SUBJECT: PA FLORIDA GROUP 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:

P MOREIRA

Name of Person

Firm/Company

3100 W HARBOR VIEW AVE

Address

TAMPA FL 33611

City/State and Zip Code

PMOREIRAFLGROUP@USA.COM

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

For further information concerning this matter, please call:

P MOREIRA

813

327 3515

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:

FILING CANCELLED
DUE TO RETURNED CHECK

PA FLORIDA GROUP 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:

3100 W HARBOR VIEW AVE
TAMPA FL 33611

Mailing Address:

3102 W HARBOR VIEW AVE
TAMPA FL 33611

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:

P MOREIRA

Name

3102 W HARBOR VIEW AVE

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

TAMPA

FL

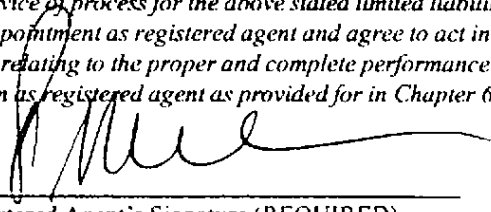
33611

City

State

Zip

I 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)

FILED
2019 OCT -2 AM 11:14
CLERK OF DISTRICT COURT
TAMPA, FL

**FILING CANCELLED
DUE TO RETURNED CHECK**

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRES

Name and Address:

PAOLO MOREIRA

3102 W HARBOR VIEW AVE

TAMPA FL 33611

(Use attachment if necessary)

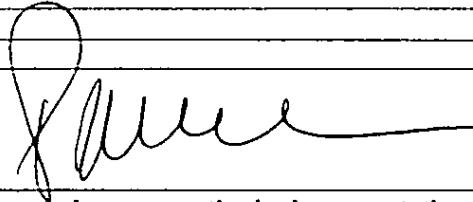
ARTICLE V: Effective date, if other than the date of filing: 09/17/2019 (OPTIONAL)

(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.

PAOLO MOREIRA

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)