

L19000303050

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000362702 3)))



H190003627023ABC/

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FILED
STATE
DIVISION OF CORPORATIONS
19 DEC 18 PM 4:43

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (718)889-7420

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
DEBBIES CONDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DEC 18 2019

TX Result Report

P 1
12/17/2019 09:55
Serial No. AA6T011003486
TC: 32868

Addressee	Start Time	Time	Prints	Result	Note
18506176381	12-17 09:54	00:00:39	003/003	OK	

Note
 TMR:Timer TX, POK:Polling, ORG:Original Size Setting, FME:Frame Error TX,
 DPO:Page Separation TX, MIX:Mixed Original TX, CAL:Manual TX, CSM:CSM,
 FWD:Forward, P2AC-FAB:Bidirectional Binding Direction, SPS:Special Original,
 FCODE:IF-Code, RTX:Re-TX, RV:Relay, MEX:Confidential, BUL:Bulletin, SIP:SIP Fax,
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result
 OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF,
 TEL: FAX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 RFR: Receipt Refused, BUSY: Busy, H-Full:Memory Full, LOVR:Receiving length Over,
 PWRH:Receiving page Over, FIC:File Error, DC:Decode Error, MDR:MDR Response Error,
 CRN:CRN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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Handwritten: End Request

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEBBIES CONDO 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:

Mailing Address:

1610 University Lane, Unit 1007
Cocoa Beach, FL 32922

3555 Manchester Rd
Wantagh, NY 11793

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

155 Office Plaza Drive, 1st Fl.

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

TALLAHASSEE FL 32301

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)

Asst. Secretary - Lauren DePass

(CONTINUED)

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DIVISION OF CORPORATION
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ARTICLE IV-

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

Title:

"AMRR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

FRANKIE VOZZIE
3555 MANCHESTER RD
WANTAGH, NY 11793

AMBR

ERICKA FERRARO
3328 HEWLETT AVENUE
MERRICK, NY 11566

(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.

REQUIRED SIGNATURE:

Ana Maisona

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.

Ana Maisona

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)