L20000010262

(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

JAN 16 2020

T. SCOTT

000339199940

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2020 JAN 15 AM 8:57

2020 JAN 15 AM 11:04

125.

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1. **MARSALA GROUP LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: MARSALA GROUP 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:

DENISE MORRILL
Name of Person

LIQUOR LICENSE PROFESSIONALS LLC
Firm/Company

725 N MAGNOLIA AVE
Address

ORLANDO FL 32803
City, State and Zip Code

denise@liquorlicenseprofessional.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE MORRILL at 386 222-9668
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

X $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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MARSALA GROUP 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:**
103 S PINE STREET	53 CEDAR DUNES
NEW SMYRNA BEACH FL 32169	NEW SMYRNA BEACH FL 32169

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

RAY SCHUMANN / COBB & COLE PA
Name

140 S RIDGEWOOD AVE #700
Florida street address (P.O. Box **NOT** acceptable)

DAYTONA BEACH	FL	32114
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)

(CONTINUED)

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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	
AMBR	VINCENZO CAPUANO 53 CEDAR DUNES NEW SMYRNA BEACH FL 32169
AMBR	PIETRO CAPUANO 53 CEDAR DUNES NEW SMYRNA BEACH FL 32169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2020 (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.
ANY LAWFUL BUSINESS

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.

VINCENZO CAPUANO
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)