

L200000093987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

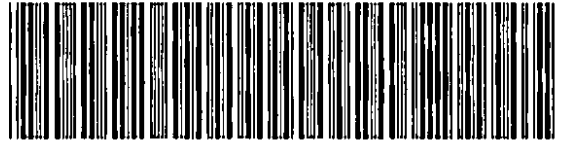
(Business Entity Name)

(Document Number)

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MAR 26 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR 26 PM 6:03

TO: Registration Section
Division of Corporations

SUBJECT: E & E Partnership, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Davis, Esquire
GARY L. DAVIS, P.A.
9020 Rancho Del Rio Drive, Suite 101
New Port Richey, FL 34655
E-mail address (to be used for future annual report notification): gary.davis@garyldavislaw.com

For further information concerning this matter, please call:

Gary L. Davis, Esquire at (727) 376-3330

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
OF
E & E PARTNERSHIP, LLC**

ARTICLE I – NAME

The name of the limited liability company is E & E Partnership, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
17827 Arbor Greene Drive
Tampa, Florida 33647

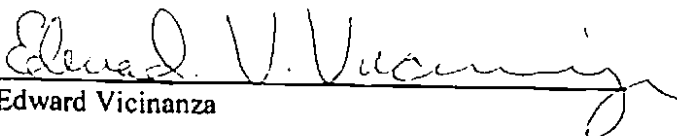
Mailing Address:
17827 Arbor Greene Drive
Tampa, Florida 33647

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Edward Vicinanza
17827 Arbor Greene Drive
Tampa, Florida 33647

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.


Edward Vicinanza

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
20 MAR 26 PM 6:03

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

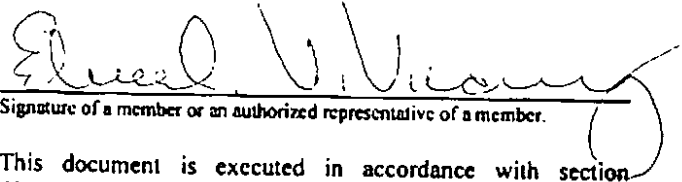
AMBR

Edward Vicinanza
17827 Arbor Greene Drive
Tampa, Florida 33647

AMBR

Elise Vicinanza
17827 Arbor Greene Drive
Tampa, Florida 33647

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.

Edward Vicinanza

Typed or printed name of signer

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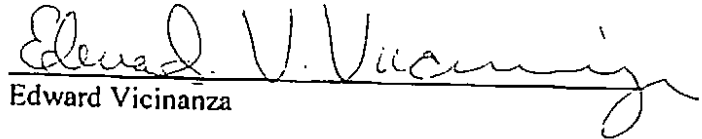
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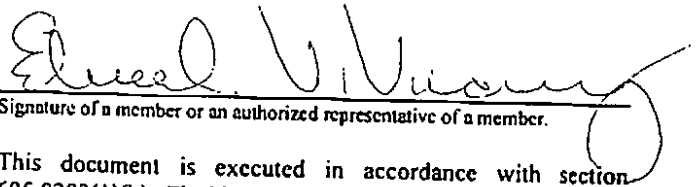
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