

L20000334788

(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



500353237115

10/16/20--01013--011 **130.00

FILED
20 OCT 16 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
20 OCT 16 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

OCT 31 2020

COVER LETTER

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

SUBJECT: Positano Realty, 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:

Isidro Tautiva, Jr.

Name of Person

Positano Realty, LLC

Firm/Company

20 Bruce Avenue

Address

Mashfield, Massachusetts 02050

City/State and Zip Code

skaybird@gmail.com

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

For further information concerning this matter, please call:

Isidro Tautiva, Jr.

781

635-4546

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
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:

Positano Realty, 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:

2631 Rio Pinar Lakes Boulevard
Orlando, Florida 32822

Mailing Address:

20 Bruce Avenue
Marshfield, Massachusetts 02050

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:

Armando Tautva
Name
124 E. Harding St.
Florida street address (P.O. Box ~~NOT~~ acceptable)
Orlando, FL, 32806
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
20 OCT 16 PM 3:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Isidro Tautiva, Jr.
20 Bruce Avenue
Marshfield, Massachusetts 02050

AMBR

Lisa Tautiva
20 Bruce Avenue
Marshfield, Massachusetts 02050

(Use attachment if necessary)

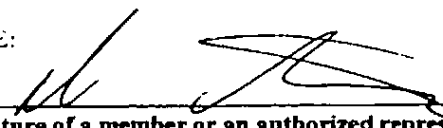
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:



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.

Isidro Tautiva, Jr.

Typed or printed name of signee

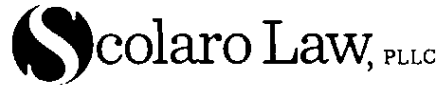
Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
20 OCT 16 PM 3:57
TALLAHASSEE, FLORIDA



6832 East Genesee Street
Fayetteville, New York 13066
Telephone: (315) 400-3214
Facsimile: (315) 445-0719
Email: rscolaro@scolarolaw.com

Florida Department of State
Division of Corporations
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 9, 2020

Re: Positano Realty, LLC – New LLC filing of Articles of Organization

Dear Sir or Madam,

I hope this finds you and your families all doing well and staying safe and healthy.

Enclosed for filing are the Cover Letter, Articles of Organization and Check #158 in the amount of \$130.00 for the Filing Fee and Certificate of Status for the creation of Positano Realty, LLC. Once the Positano Realty, LLC is approved as an LLC, please forward any and all documents to me.

Please let me know if you have any questions or need anything else. Thank you for all of your help and assistance with this matter.

Respectfully submitted,

SCOLARO LAW, PLLC

A handwritten signature in black ink, appearing to read 'Robert D. Scolaro'.

Robert D. Scolaro, Esq.

Encs.