

L20000397172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

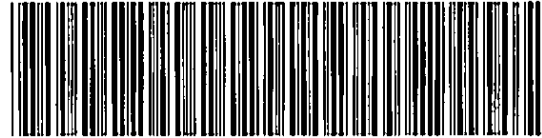
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/26/20--01007--003 \*\*135.00

W200000  
W20000105965  
Derrick Thompson  
12/30/2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2020

PETER GUGITSCHER  
1300 SW 10TH STREET, SUITE 3  
DELRAY BEACH, FL

SUBJECT: BARISTINO, LLC  
Ref. Number: W20000105965

We have received your document for BARISTINO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This filing is incomplete. No articles were submitted. Only the coversheet was submitted. Please submit the completed articles for this filing.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 220A00017619

**COVER LETTER**

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

**SUBJECT:** BARISTINO, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following.

PETER GUGITSCHER

Name of Person

VIENNA COFFEE

Firm/Company

1300 SW 10TH STREET SUITE 3

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

PETER GUGITSCHER@USA.NET

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

For further information concerning this matter, please call:

<u>GUGITSCHER ANDREAS</u>	<u>561</u>	<u>572-5494</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

BARISTINO, 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:

1300 SW 10TH STREET SUITE 3  
DELRAY BEACH, FL 33444

Mailing Address:

1300 SW 10TH STREET SUITE 3  
DELRAY BEACH, FL 33444

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

NIKOROWICZ, ERICH

Name

6555 SKYLINE DRIVE

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

DELRAY BEACH

FL

33446

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)

**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

NIKORWICZ, ERICH  
6555 SKYLINE DRIVE  
DELRAY BEACH, FL 33446

AMBR

GUGITSCHER, PETER  
428 NW 13TH ST.  
BOCA RATON, FL 33432

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)

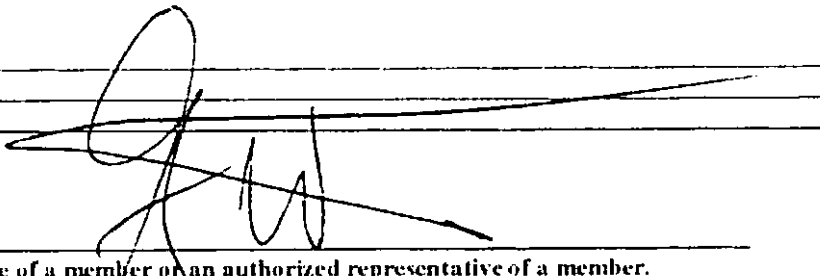
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

NIKOROWICZ, ERICH

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)