

L21000092501  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000085210 3)))



H210000852103ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE MOCARSKI PA  
Account Number : 076424000767  
Phone : (305)442-3334  
Fax Number : (305)443-3292

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

Email Address: jcatalano@siegfriedrivera.com

FLORIDA LIMITED LIABILITY CO.  
16091 TUSCANY LLC

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

FILED  
21 MAR -3 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2021 MAR -3 AM 9:41  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

{H21000085210 3}

**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: 16091 TUSCANY 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:

John Catalano, Esq.  
Siegfried Rivera  
201 Alhambra Circle, 11<sup>th</sup> Floor  
Coral Gables, Florida 33134  
Jcatalano@siegfriedrivera.com

For further information concerning this matter, please call:

John Catalano, Esq. Telephone: 305-442-3332

FILED  
21 MAR -3 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H21000085210 3}

{H21000085210 3}

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: 16091 Tuscany LLC.

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**

410 Mark Lane  
River Vale, NJ 07675

**Mailing Address:**

410 Mark Lane  
River Vale, NJ 07675

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

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 201 Alhambra Circle, 11<sup>th</sup> Floor, Coral Gables, Florida 33134.

*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.*



John Catalano, Registered Agent  
Florida Bar No.: 19088

**ARTICLE IV – MANAGER/DIRECTORS****Title:**

MGR

**Name and Address**


AVI HORT  
410 Mark Lane  
River Vale, NJ 07675

FILED  
21 MAR -3 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H21000085210 3}

[H21000085210 3]

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

\_\_\_\_\_  
JOHN CATALANO  
Type or printed name of signer

FILED  
21 MAR -3 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA