# L21000101408

(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



800358072808

01/20/21--01016--021 \*\*160.00

# COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Busiemi & Dennis 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:
James R. Busiemi Name of Person
Buscemi & Drnis Firm/Company
15374 Sandy Brach Trirace Address
De Iray Brack FL 33446  City/State and Zip Code  James . buscemi 7 Egmail. Com  E-mail address: (to be used for future annual report notification)
James R. Busiemi at (347) 581-0993
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ľ	C	L	E	1	-	N	Ī,	ı	m	e	:
---	---	---	---	---	---	---	---	---	----	---	---	---	---

The name of the Limited Liability Company is:

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:
15374 Sandy Brach Torrace Delray Boach FL 33446	Delray Brach Fl 33446

### 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:

Name

15374 Sandy Beach Trrace

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:

"AMBR" = Authorized Member "MGR" = Manager  (C)  (C)  (C)	Jamps R Busini 15374 Sundy Brach Tricale Deliny Brach FL 33446 Jugan T Donnis 17574 Lake Azure Uray Brack Teatur FL 33496) Relincte Walsh 2750 James Ping Road West Palm Brach FL 23411
m G R	Baca trata Fr 33496)
mGR	Jugan T Donnis 17524 Lake Azure Way Bock trata Fl 33496)
	Baca trata Fr 33496)
	Buch trates Fr 33496)
	Bacci trata Fr 334ab)
	Bacci trata Fr 334ab)
M6R	
MGR	
M6R	Relinda Walsh 2750 Jung Ping Road West Palm Brach FL 23411
	West Pilm Brach FL 33411
	West Palm Brach FL 33411
e of filing.)	filling: 1 18 202 (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after  et the applicable statutory filing requirements, this date will not be listed a State's records.
REQUIRED SIGNATURE:	
O 10 6	д.,
This document is executed I am aware that any false in	ber or an authorized representative of a member.  I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
James	P-Rus(rm) 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)