

L 21 000190521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

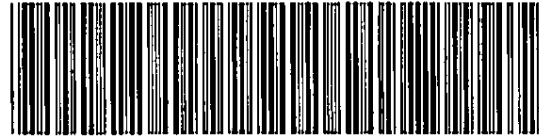
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200361776302

03/18/21--01011--002 **125.00

W21-51731

2021 APR 30 PM 1:01
TALLAHASSEE, FLORIDA
CLERK OF COURT
DB

COVER LETTER

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

SUBJECT: CORVINA CAPITAL, 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:

RON MUSICH

Name of Person

Firm/Company

7722 MADELYN CREEK DRIVE

Address

VICTORIA, MINNESOTA 55386

City/State and Zip Code

musichr1@gmail.com

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

For further information concerning this matter, please call:

Ron Musich	612	590-1409
_____	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

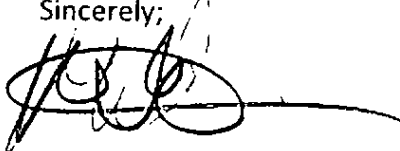
Ronald S Musich

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

Sirs;

I am enclosing my filings for an LLC. I am in the process of moving and establishing my residency in Florida and want to get things moving before I make the physical move. If there are any questions feel free to email me or call me at the email address or phone number provided.

Sincerely;

A handwritten signature in black ink, appearing to be "Ron Musich", with a long horizontal line extending to the right.

Ron Musich

**7722 Madelyn Creek Drive
Victoria, Minnesota 55386**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2021

RON MUSICH
7722 MADELYN CREEK DRIVE
VICTORIA, MN 55386

SUBJECT: CORVINA CAPITAL, LLC
Ref. Number: W21000051731

2021 APR 30 AM 8:57

We have received your document for CORVINA CAPITAL, 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):

The designation of the registered agent must be at a Florida street address.

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.

Tim Burch
Senior Section Administrator

Letter Number: 521A00007901

8068 Tiger Lily Dr
Naples 34113

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Corvina Capital, 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:

8068 Tiger Lily Drive
Naples, Florida 34113

Mailing Address:

7722 Madelyn Creek Drive
Victoria, Minnesota 55386

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:

Ron Musich

Name

8068 Tiger Island Drive

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

Naples

Florida

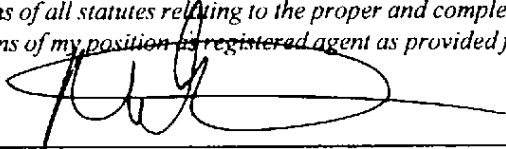
34113

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)

FILED
TALLAHASSEE, FLORIDA

2021 APR 30 PM 4:00

11

40

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:

mer _____

Ron Musich
7722 Madelyn Creek Drive
Victoria, Minnesota 55386

2011 MAR 30 PM 4:00
SALVADOR
TALLAHASSEE, FLORIDA

④

(Use attachment if necessary)

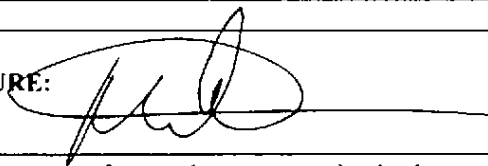
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Ronald Musich

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)