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COVER LETTER

	w Filing Sec vision of Cor			
SUBJECT:		epreneurship LLC		
NOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ondence concerning this mat	tter to the following:	
	Joseph T. Fo	rester		
			Name of Person	
	F & D Entre	preneurship LLC		
			Firm/Company	
	1392 Trinida	id Ave		
			Address	
	Marco Islano	I. FL 34145		
í	oetf404@cor		ty/State and Zip Code	
<u>J</u>	-		for future annual report notificat	ion)
For further in	formation co	ncerning this matter, please	call:	
	Joseph T. Fo	rester 230	9 877-9350	
-	Nam		rea Code Daytime Telephor	ne Number
Enclosed is	a check for th	ne following amount:		
□\$125.00		□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ES160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	Street Address Name Filing Section D	ivision
		iling Section on of Corporations	New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327	2415 N. Monroe Stre	et, Suite 810
	Tallaha	assee, FL 32314	Tallahassee, FL 3230)3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F & D Entrepreneurship LLC	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
he mailing address and street address of the principal office	

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:

ARTICLE 1 - Name:

Joseph T. Forester		
	Name	
1392 Trinidad Ave		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Marco Island	FL	34145
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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Joseph T. Forester MGR1392 Trinidad Ave Marco Island, FL 34145 Lori S. Forester MGR 1392 Trinidad Ave Marco Island, FL 34145 Daniel D'Angelo MGR 1333 Oceania Dr. Naples, FL 34113 Lisa D'Angelo MGR_ 1573 Vizcav Ln Naples, FL 34113 (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 lalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Joseph T. Forester

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)