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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	

Office Use Only



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2021 APR -5 AM 6: 53

COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: Motor City	Enterprises LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.		
Please return all correspo	ndence concerning this ma	ntter to the following:		
Daniel Cecca	acci			
		Name of Person		
		Firm/Company		
		, company		
<u>8239 Ibis Co</u>	ve Cir	Address		
Naples, FL 3		ity/State and Zip Code		
djceccacci@g			<u> </u>	2021
į.	E-mail address: (to be used	for future annual report notifical	non) 🖺	1 APR
For further information co	ncerning this matter, please	e call:	•	Ċı
Daniel Cecca	<u>cci</u> at (<u>58</u>	86) 850-3472		A
Nam	e of Person A	rea Code Daytime Telephor	ne Number —	6: 53 71 13
Enclosed is a check for the	ne 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 Filin Certificate of St Certified Copy (additional copy is	atus &
	g Address	Street Address	livicion	
Divisio	iling Section on of Corporations ox 6327	New Filing Section D The Centre of Tallah 2415 N. Monroe Stro	assee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Motor City Enterprise (Must conta		ed Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principa	l office of the Limi	ited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
8239 Ibis Cove Cir. N	aples, FL 34119		3239 Ibis Cove Cir. Naples, FL 34119
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its ov tive Florida registra	wn Registered Age tion.)	gent's Signature: nt. You must designate an individual or
	Daniel Ceccacci		
		Name	
	8239 Ibis Cove Ci Florida street addr	r. Naples, FL 3411 ess (P.O. Box <u>NO</u>	
	Naples	FL	34119
	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)

2021 APR -5 AM 6:53

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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. Daniel Ceccacci 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)	4 \$ 4 T) T) 11	Name and Address:	
AMBR Daniel Ceccacci 8239 lbis Cove Cir Naples, FL34119 Lydia Ceccacci 8239 lbis Cove Cir Naples, FL34119 (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (Filing, Flatian in this block does not meet the applicable statutory filing requirements, this date will not beneft's effective date on the Department of State's records. (VI: Other provisions, if any. REOURED 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. Daniel Ceccacci 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)			
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