

5/11/2021

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : UNITED AGENT SERVICES LLC
Account Number : 120210000087
Phone : (866)246-2669
Fax Number : (520)333-2793

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

Email Address: Compliance@unitedagentservices.com**FLORIDA LIMITED LIABILITY CO.
C2S GENERAL CONTRACTOR L.L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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May 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNITED AGENT SERVICES LLC

SUBJECT: C2S GENERAL CONTRACTORS L.L.C.
REF: W21000066005

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Shareta Backey
Regulatory Specialist II

FAX Aud. #: H21000190247
Letter Number: 221A00010063

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C2S GENERAL CONTRACTOR L.L.C.

(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:9100 Conroy Windermere Road #200-UAS,
Windermere, FL 34786Mailing Address:9100 Conroy Windermere Road #200-UAS,
Windermere, FL 34786

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:

United Agent Services LLC

Name

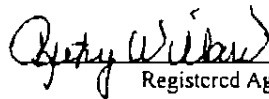
9100 Conroy Windermere Road #200-UAS,Florida street address (P.O. Box **NOT** acceptable)WindermereFL34786

City

State

Zip

I 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)

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TALLAHASSEE, FLORIDA

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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:AMBRPAPA FEDERICAVico Ricci n.8, 80038 Pomigliano D'Arco (NA), Italy______________________________

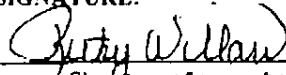
(Use attachment if necessary)

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.

This company is registered as a business continuation of the Italian Limited Liability Company: "C2S GENERAL CONTRACTOR SRL" w/ registered office in Via Grotta dell'Olmo n.69, 80014 Giuliano in Campania (NA)- Italy w/ Euro 10.000,00 paid-up capital. Napoli Company House reg. and tax code # 09300211217, Napoli R.E.A.# NA-1022588

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.

Ruthy Willard

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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 TALLAHASSEE, FLORIDA

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