

L21000331 383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

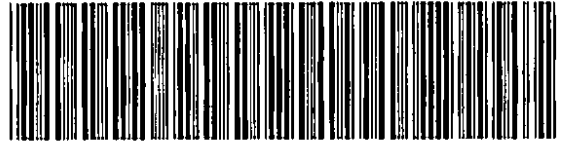
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600370075686

07/19/21--01020--008 **150.00

FILED

21 JUL 19 PM 11:43

SECRETARIAT OF THE
FALLAHASSETU

SB
7.21.21

Vincent Santaniello

1541 Wilson Blvd N
Naples, FL 34120
(413) 351-5084
BrightenupSWFL@gmail.com

July 15, 2021

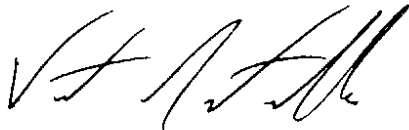
Florida Department of State Divisions Of Corporations

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern,

I am writing in regards to my new business endeavor. My business will be a positive asset to the homes in Southwest Florida. My business consists of pressure washing/paver sealing and low voltage landscape up-lighting. I am eager to begin to BRIGHTEN UP SWFL!

Sincerely,



Vincent Santaniello

FILED
21 JUL 19 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL 32303

COVER LETTER

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

SUBJECT: Brighten Up SWFL 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:

Vincent Santaniello

Name of Person

Brighten Up SWFL LLC

Firm/Company

1541 Wilson Blvd. N

Address

Naples, Florida 34120

City/State and Zip Code

Brightenupswfl@gmail.com

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

For further information concerning this matter, please call:

Vincent Santaniello 413 351-5084
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

21 JUL 19 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brighten Up SWFL 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:

1541 Wilson Blvd N

Naples FL 34120

Mailing Address:

1541 Wilson Blvd N

Naples FL 34120

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:

Vincent Santaniello

Name

1541 Wilson Blvd N

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

Naples

FL

34120

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)

21 JUL 19 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Vincent Santaniello

1541 Wilson Blvd N

Naples, FL 34120

AMBR

Diana Doye

1541 Wilson Blvd N

Naples, FL 34120

(Use attachment if necessary)

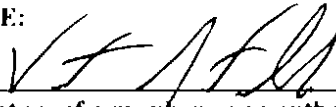
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Vincent Santaniello

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)

FILED
21 JUL 19 PM 11:43
STATE OF FLORIDA
TALLAHASSEE