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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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21 JUN 24 PM 12:43
FALL MASS STATE FLD/DM

J. O'KEEFE
AUG 15 2021

W21-84612



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2021

ANITA VIRGINIA SACCO
86 BAYOO BEND RD
GROVELAND, FL 34736

SUBJECT: ANITA VIRGINIA SACCO, P.L.L.C.
Ref. Number: W21000084612

FILED
21 JUN 24 PM 12:43
TALLAHASSEE, FLORIDA

We have received your document for ANITA VIRGINIA SACCO, P.L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 621A00012851

2021 JUN 24 PM 2:14

COVER LETTER

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

SUBJECT: Anita Virginia Sacco P.L.L.C.
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:

Anita Virginia Sacco
Name of Person

Firm/Company

86 Bayou Bend Rd
Address

Groveland FL 34736
City/State and Zip Code

asacco124@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Sacco at (352) 702-6137
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
2000

Street Address
New Filing Section Division
The Centre of Tallahassee
2116 N. Monroe Street, Suite 210

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anita Virginia Sacco P.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:

86 Bayou Bend Rd
Groveland, FL 34736

Mailing Address:

86 Bayou Bend Rd
Groveland, FL 34736

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:

Anita V. Sacco
Name

86 Bayou Bend Rd
Florida street address (P.O. Box **NOT** acceptable)

Groveland, FL 34736
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.

Anita V Sacco
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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21 JUN 24 PM 12:43
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Anita V Sacco

810 Bayou Bend Rd

Groveland, FL 34736

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21 JUN 24 PM 12:43
SACCO V S
ALABAMA STATE FLORIDA

(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

Real Estate Agent - FL State 3418087

REQUIRED SIGNATURE:

Anita V Sacco

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.

Anita V. Sacco

Typed or printed name of signer

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)