

9/24/21, 7:13 AM

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L21000426695**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KATZ BASKIES &amp; WOLF PLLC

Account Number : I20080000071

Phone : (561)910-5700

Fax Number : (561)910-5701

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

Email Address: jeff.baskies@katzbaskies.com

## FLORIDA LIMITED LIABILITY CO.

## Ferrando Enterprises II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000358551 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Ferrando Enterprises II 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:

Kathryn L. Ferrando

Name of Person

Ferrando Enterprises II LLC

Firm/Company

71 Compass Isle

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

ferrandojon@gmail.com

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

For further information concerning this matter, please call:

Lisa Shapiro

561

910-5700

at ( )

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  
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

H21000358551 3

H21000358551 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ferrando Enterprises II 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:Mailing Address:71 Compass IsleFort Lauderdale, FL 3330871 Compass IsleFort Lauderdale, FL 33308

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Katz Baskies & Wolf PLLC

Name

3020 North Military Trail Suite 100Florida street address (P.O. Box NOT acceptable)Boca RatonFL33431

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)

FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

2021 SEP 24 PM 2:12

H21000358551 3

H21000358551 3

**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

Kathryn L. Ferrando

71 Compass Isle

Fort Lauderdale, FL 33308

FILED  
SEP 24 2021  
CLERK OF COURT  
JULIA B. BASKIES

2021 SEP 24 PM 2:12

(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.

Jeffrey A. Baskies, Authorized Representative

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)

H21000358551 3