## 12/000453396

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

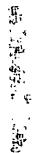
OCT 1 9 202.

1. SCC 11



600375036326

10/15/21--01019--014 \*\*160.00



00115 KH18:50

## COVER LETTER

	ew Filing Sec ivision of Cor				
SUBJECT		istries, LLC			
SOBJECT	•	Name of I	imited Lia	bility Company	
The enclos	ed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please retu	rn all correspo	ondence concerning this	matter to th	e following:	
	Simon Villar	JEAN	u 5,	mon Villace	W
	1		Name	of Person	
				, , , , , , , , , , , , , , , , , , , ,	
			Firm/	Company	
	2773 Tree M	eadow Loop			<u>.</u>
			Ac	ldress	
	Apopka, FL	32712			
2	simonvillari@	yahoo.com	City/State	and Zip Code	
-	ľ	E-mail address: (to be us	ed for futur	e annual report notificati	ion)
For further in	aformation co	ncerning this matter, ple	ase call:		
JEAN	Simon Villari	at (	321 4 <del>07</del> –	356	-6941
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for th	ie following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address lling Section		Street Address New Filing Section Di	ivision

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Villari Industr	ries, LLC	
(Mu	ist contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
	: street address of the principal office of	the Limited Liability Company is:
e mailing address and s		, ,
·	street address of the principal office of principal Office Address:	the Limited Liability Company is:  Mailing Address  Same

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Strong Villari JEAN Simon Villari
Name

2773 Tree Meadow Loop
Florida street address (P.O. Box NOT acceptable)

APonka JEF 32712
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..

SIGN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2134 OCT 15 At 10: 50

## 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.	Title: "AMBR" = Authorized Member	Name and Address:	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afer date of filing.)  Integration of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.  RECURRED 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 generally degree felony as provided for in s.817.155, F.S.			
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing: January 1, 2022	AMBR	Jean Simon Villari 2773 Tree Meadow Loop	
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing: January 1, 2022		Apopka, FL 32712	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
(Use attachment if necessary)  TCLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af late of filing.)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  TICLE 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.			
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af late of filing.)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
ricle V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  FICLE 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.			
TICLE V: Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af date of filing.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  TICLE 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.			
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.	(Use attachment if necessary)		
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.	an effective date is listed, the date mudate of filing.)  te: If the date inserted in this block dodocument's effective date on the Dep  TICLE VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be leartment of State's records.	
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.			- -c1Gl
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.			SIGN HER
	Signature This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State	The
	constitutes a thin	rd degree felony as provided for in s.817.155, F.S.	
Simon J Villari JEAN SIMON VILLARI	Simon	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)