

L220000044002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

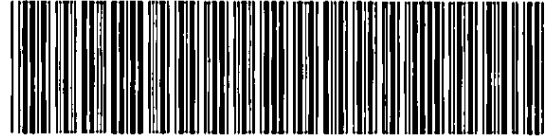
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100381178581

FILED

2022 FEB -4 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 FEB -4 PM 3:42

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 459456 7977112

AUTHORIZATION :



COST LIMIT : \$ 130.00

-----  
ORDER DATE : February 4, 2022

ORDER TIME : 1:50 PM

ORDER NO. : 459456-005

CUSTOMER NO: 7977112  
-----

DOMESTIC FILING

NAME: MARCO EDEN APARTMENTS, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** MARCO EDEN APARTMENTS, 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:

Samuel F. Colburn, Esq.

Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP

Firm/Company

9045 Strada Stell Court, Suite 400

Address

Naples, FL 34109

City/State and Zip Code

annakcpa@gmail.com

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

For further information concerning this matter, please call:

Anna DiBartolo                      239                      642-8600  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MARCO EDEN APARTMENTS, 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:**

C/O Anna DiBartolo, CPA

870 Bald Eagle Drive Suite 3A

Marco Island, FL 34145

C/O Anna DiBartolo, CPA

870 Bald Eagle Drive Suite 3A

Marco Island, FL 34145

**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:

Anna DiBartolo, CPA

Name

870 Bald Eagle Drive Suite 3A

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

Marco Island

FL

34145

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.*

DocuSigned by:

Anna DiBartolo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
2022 FEB -4 AM 10:52  
TALLAHASSEE, FL

**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

AMBR

Luigi Carvelli  
1261 Aruba Court  
Marco Island, FL 34145

AMBR

Adamo Serravalle  
159 Columbus Way  
Marco Island, FL 34145

AMBR

Francesco Carvelli  
1480 Galleon Avenue  
Marco Island, FL 34145

AMBR

Francesco Serravalle  
840 Swan Drive  
Marco Island, FL 34145

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 2, 2022 (OPTIONAL)

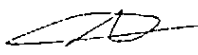
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 organized with a general business purpose, has all powers provided by law and  
may use those powers to any lawful purpose.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
7A38DA4ED454463

**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.

Luigi Carvelli

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)