

L22000125487

(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



300382917273

03/08/22--01013--023 \*\*130.00

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U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

✓

**COVER LETTER**

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

**SUBJECT:** AVANTIS CAY CAFE  
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:

MARCELLO PULEO  
Name of Person

AVANTIS CAY CAFE  
Firm/Company

11251 SW WINDING RIDGE ROAD  
Address

PORT ST. LUCIE FL. 34987  
City/State and Zip Code

AVANTISCAYCAFE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELLO PULEO at 347 307 4658  
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

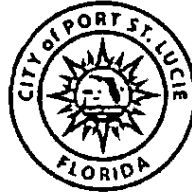
**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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MARCELLO PULEO

# City of Port St Lucie

## Business Tax Division

121 SW Port St Lucie Blvd, Building B  
Port St Lucie, FL 34984  
Phone 772-344-4356 Fax 772-344-4355  
businessstax@cityofpsl.com



## Business Tax Receipt Application

Contact our office to determine the Business Tax Fee

Incomplete applications are not accepted

<b>BUSINESS INFORMATION</b>	
<input checked="" type="checkbox"/> NEW BUSINESS <input type="checkbox"/> TRANSFER OF OWNERSHIP	
*Required by F.S. 205.0535 (5)	
EMPLOYER IDENTIFICATION NUMBER: <b>88-0869298</b>	or SOCIAL SECURITY NUMBER: <input type="text"/>
BUSINESS NAME (DBA): <b>AVANTIS CAY CAFE</b>	
APPLICANT NAME: <input type="text"/>	
BUSINESS LOCATION (Business location cannot be a P.O. Box or Mailbox): <b>11251 SW WINDING RIDGE ROAD PT. ST. LUCIE, FL</b>	
ZIP CODE: <b>34987</b>	
BUSINESS PHONE: <b>772 521-9473</b>	CELLPHONE: <input type="text"/>
BUSINESS FAX: <input type="text"/>	
MAILING ADDRESS (if different): <b>11251 SW Winding Ridge Road Port Saint Lucie FL 34987</b>	
EMAIL ADDRESS: <b>AVANTISCAYCAFE@GMAIL.COM</b>	<b>AVANTISCAYCAFE@GMAIL.COM</b>
<b>BUSINESS OWNER(S)</b>	
<input type="checkbox"/> SAME AS ABOVE	
NAME: <b>MARCELLO PULEO</b>	NAME: <b>PARKER BITZER</b>
ADDRESS: <b>11251 SW WINDING RIDGE ROAD</b>	ADDRESS: <b>4284 DESTE COURT</b>
<b>PORT ST. LUCIE, FL. 34987</b>	<b>LAKE WORTH, FL. 33467</b>
PHONE: <b>347 307-4658</b>	PHONE: <b>615 926-4768</b>
<b>BUSINESS DESCRIPTION:</b> Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation may be sufficient cause for denial or revocation of tax receipt. Attach a separate sheet if necessary.	
<b>CLUBHOUSE RESTAURANT -SERVICE RESIDENTS ONLY</b>	
<input type="checkbox"/> MOBILE BUSINESS <input type="checkbox"/> INTERNET BUSINESS <input type="checkbox"/> FOR SALE OF MERCHANDISE ONLY* (Indicate Wholesale Average Annual Inventory amount)	
<b>ACKNOWLEDGEMENT</b>	
I declare that I have the authority to act on behalf of the above described business in applying for a business tax receipt with the City of Port St Lucie to operate said business. I understand that the issuance of a business tax receipt means I have paid the local business tax. It is my responsibility to verify that I am in compliance with all local and state requirements. I swear or affirm that this application for receipt is made for the professional business indicated hereon and is true and correct.	
SIGNATURE (Sign in presence of Notary): <i>Parker Bitzer</i>	DATE: <b>3/3/2022</b>
Parker Bitzer	
STATE OF FLORIDA COUNTY OF ST LUCIE	
The foregoing instrument was acknowledged before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>3</u> day of <u>MARCH</u> , 20 <u>22</u> , by <u>Parker Bitzer</u> representing <u>AVANTIS CAY CAFE</u> who is personally known to me	
or has produced _____ as identification.	
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA: <i>Karen Larosiere</i>	
<b>KAREN LAROSIERE</b> PRINT NAME	

General Business Information  
Reviewed (Initial) \_\_\_\_\_

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 CLERK OF COUNTY  
 ST. LUCIE

### FOR OFFICE USE ONLY

☐ COMMERCIAL
 ☐ APPROVED CERTIFICATE ATTACHED
 ☐ FEE EXEMPT
 ☐ REACTIVATED

Tax Receipt #	Category	Amount Paid	Employee Initial	Reviewed
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City of Port St. Lucie  
121 S.W. Port St. Lucie Blvd., Bldg. B\*  
Port St. Lucie, FL 34953  
[planning@cityofpsl.com](mailto:planning@cityofpsl.com)



## USE AND OCCUPANCY REVIEW APPLICATION

<b>BUSINESS INFORMATION</b>				
Business Name: <b>AVANTIS CAY CAFE</b>				
Business Address: <b>11251 SW WINDING RIDGE ROAD</b>				
Legal Description:	Section:	Block:	Lot:	Parcel ID#
Name of Plaza, if applicable: <b>CLUBHOUSE IN VALENCIA CAY</b>				
Business located in a (select one): <input type="radio"/> Retail Strip <input type="radio"/> Free Standing <input type="radio"/> Warehouse <input type="radio"/> Mall				
<b>CONTACT INFORMATION</b>				
Business Owner/Agent Name: <b>MARCELLO PULEO</b>				
Business Owner Address: <b>11251 SW WINDING RIDGE ROAD</b>				
Phone Number: <b>347 307-4658</b>				
Email: <b>AVANTISCAYCAFE@GMAIL.COM</b>				
Building/Property Owner: <b>VALENCIA CAY INC.</b>				
Building/Property Owner Address: <b>11251 SW WINDING RIDGE ROAD</b>				
Phone Number: <b>772 521-9429</b>				
Email: <b>DIANE@LANGMANAGEMENT.COM</b>				
<b>EXISTING BUSINESS INFORMATION</b>				
State previous business type: <b>CLUBHOUSE RESTAURANT</b>				
Previously approved number of occupants: <b>88</b>		Approved square footage of space: _____		
Please provide a copy of the following documents:				
<input type="checkbox"/> The last approved floor plan <input type="checkbox"/> The last issued Certificate of Occupancy				
<b>BUSINESS DESCRIPTION</b>				
Nature of your business (be specific, name every function): <b>CLUBHOUSE RESTAURANT</b>				
Business start date at this location: <b>APRIL 1, 2022</b>				
(Select all that applies)				
<input type="radio"/> Office <input type="radio"/> Medical Office <input type="radio"/> Warehousing <input type="radio"/> Retail <input type="radio"/> School <input type="radio"/> Personal Service <input type="radio"/> Medical Marijuana Dispensary <input type="radio"/> Enclosed Assembly (less than 3000 sq. Ft.) Yes ( ) No ( ) <input checked="" type="radio"/> Restaurant # of seating <b>88</b> Alcohol Yes ( ) No (X) <input type="radio"/> Auto Sales/Showroom Only Yes ( ) No ( ) <input type="radio"/> Auto Repair/Auto Body Number of bays: _____ <input type="radio"/> Company Vehicles #: _____ / Overnight vehicles: _____ <input type="radio"/> Other _____				
Total business Sq. Ft. _____				
Indicate square footage of all applicable areas below:				
_____ Outside seating (restaurants)		_____ Office		
_____ Storage/warehousing		_____ Production		
<b>FOR OFFICE USE ONLY</b>				
Planning and Zoning Department Review:			Reviewer: _____ Date: _____	
<input type="radio"/> Approved <input type="radio"/> Approved with conditions <input type="radio"/> Denied				
Conditions of approval: _____				
<b>Building Department Review:</b>				
<input type="radio"/> Approved: There is no change of use or occupancy classification, no additional permits required.				
<input checked="" type="radio"/> Building Permit Required: There is a change of use or classification. (A new Building Permit Application and Certificate of Occupancy is required.)				
<b>Disclaimer: Approval of this form does not constitute permission to begin construction work. Any repair, addition, or alteration to the building or portion of the building may commence after a Building Permit has been issued.</b>				

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

MARCELLO PULEO  
600 CRESTWOOD COURT NORTH  
ROYAL PALM BEACH, FL 33411

MGR

PARKER BITZER  
4284 DESTE COURT, UNIT 304  
LAKE WORTH, FL 33467

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

MARCELLO PULEO

Parker Bitzer

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)

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STATE OF FLORIDA  
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVANTIS CAY CAFE, 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:

11251 SW WINDING RIDGE ROAD

PORT ST. LUCIE, FL. 34987

Mailing Address:

11251 SW WINDING RIDGE ROAD

PORT ST. LUCIE, FL. 34987

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:

PARKER BITZER

Name

4284 DESTE COURT, UNIT 304

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

LAKE WORTH

FL

33467

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..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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