



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H220001181093)))



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To:

Division of Corporations

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Account Name : OLIVE JUDD, P.A. Account Number : 120200000171 Phone : (954)334-2250

Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Verino's, LLC

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Corporate Filing Menu

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COVER LETTER

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SUBJECT	Verino's, L	rc					
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lease retu	m all correspor	ndence concernin	g this matt	ter to the fo	llowing:		
	Benjamin E.	Olive, Esq.					
				Name of I	Person		
	Olive Judd, P	.A.					
				Firm/Cor	npany		
	2426 East La	s Olas Boulevard	1				SEGRETAK CALLAHASS
				Addre	ess		
	Fort Lauderd	ale, FL 33301					
	bolive@olivej	udd.com	Ci	ty/State and	d Zip Code		DF STATE
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	Benjamin E.	Olive	95 at (54	334-2250		
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Enclosed i	s a check for t	ne following amo	unt:				
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Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Verino's, 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: Mailing Address: Principal Office Address: 520 SE 5th Avenue 520 SE 5th Avenue Apt 2402 Apt 2402 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 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:

Olive Judd, P.A.		
	Name	
2426 East Las Olas B	Boulevard	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Fort Lauderdale	FL	33301
City	State	Zip

Having been named as registered agent and to accept service offprocess for the above stated limited liability company at the place designated in this certificate, I hereby accept the application 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)

TRLYÚED)

ARTICLE IV-

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Brian Turnbull
	520 SE 5th Avenue, Apt 402
	Fort Lauderdale, FL 33301
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