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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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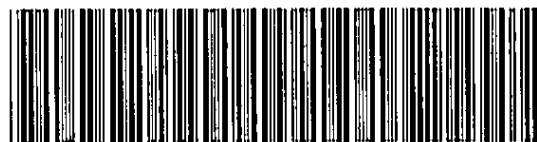
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. O'KEEFE

JUN - 7 2022

COVER LETTER

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

SUBJECT: TAZZOLLI DEVELOPMENT 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:

SONJA K. BURKARD

Name of Person

BURKARD LAW FIRM, P.A.

Firm/Company

PREMIER EXECUTIVE CENTER, 5237 SUMMERLIN COMMONS BLVD, #364

Address

FORT MYERS, FLORIDA 33907

City/State and Zip Code

sonja@burkardlawfirm.com

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

For further information concerning this matter, please call:

Sonja K. Burkard	239	791-4400
_____ 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 type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAZZOLLI DEVELOPMENT, 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:

5237 SUMMERLIN COMMONS BLVD, #364
FORT MYERS, FL 33907

Mailing Address:

5237 SUMMERLIN COMMONS BLVD,
#364
FORT MYERS, FL 33907

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:

SONJA K. BURKARD

Name

5237 SUMMERLIN COMMONS BLVD., #364

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

FORT MYERS FLORIDA 33907

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)

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TALLAHASSEE, FLORIDA

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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:

AMBR

MARCO TAZZOLLI

5237 SUMMERLIN COMMONS BLVD. #364

FORT MYERS, FL 33907

(Use attachment if necessary)

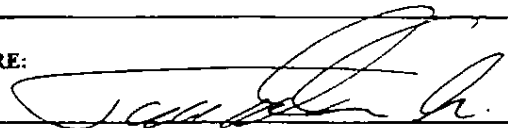
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

MARCO TAZZOLLI

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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BURKARD LAW FIRM, P.A.

German & American Legal Representation



AREAS OF PRACTICE

FAMILY LAW
♦
REAL ESTATE LAW
♦
TITLE INSURANCE
♦
IMMIGRATION LAW
♦
BUSINESS LAW
♦
INTERNATIONAL LAW
♦
WILL AND PROBATE

Sonja K. Burkard
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New York, Germany
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Stephan A. Burkard
Director of Operations
& Client Services
stephan@burkardlawfirm.com

FLORIDA DEPARTMENT OF STATE

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

RE Articles of Organization for Tazzolli Development LLC

Fort Myers, April 24, 2022

Dear Sir or Madam,

Please find attached our cover letter and the Articles of Organization for Tazzolli Development LLC.

Please also find enclosed the check in the total amount of \$160.00 for \$125 filing fee for articles or organization and designation of registered agent, \$30 for a certified copy and \$5 for a certificate of status.

Thank you

Sincerely,


Sonja K. Burkard
Attorney at Law