

L22000292561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

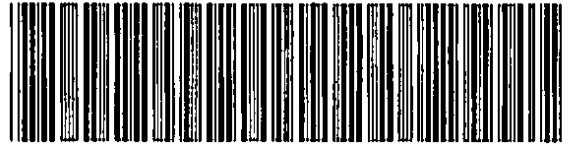
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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March 21, 2022

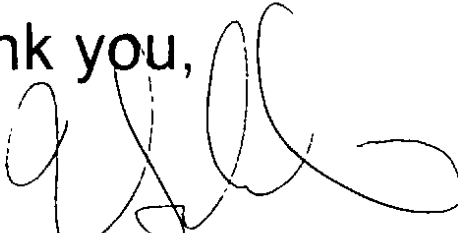
RE: Renegade Hospitality LLC  
State of Florida LLC Application

To whom it may concern:

My name is Mario Longabardi. Please accept this application for my Sales, Marketing and Promotion company, Renegade Hospitality LLC.

I reside at:  
1200 North Shore Dr NE #302  
St Petersburg, FL 33701

Phone: (702) 324-0325  
FL Driver's License #L521-550-63-468-0

Thank you,  
 3/21/22

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~Renegade Hospitality LLC~~ RENEGANE WINES & HOSPITALITY LL  
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:

Mario Longabardi

Name of Person

~~Renegade Hospitality~~

RENEGANE WINES & HOSPITALITY  
Firm/Company

1200 N Shore Dr NE, Unit #302

Address

St Petersburg, FL 33701

City/State and Zip Code

marioenegade@gmail.com

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

For further information concerning this matter, please call:

Mario Longabardi

702

3240325

at ( )

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

RECEIVED 6/29/22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Renegade Hospitality LLC~~ RENEGADE WINES & HOSPITALITY 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:

Mario Longabardi  
1200 N Shore Dr NE #302  
St. Petersburg, FL 33701

Mailing Address:

1200 N Shore Dr NE #302  
St. Petersburg, FL 33701

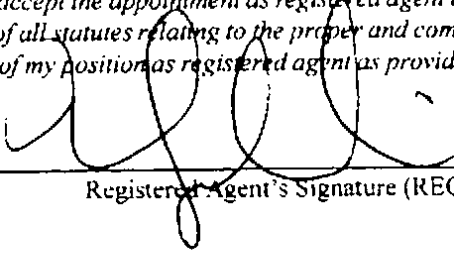
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Mario Longabardi  
Name  
1200 N Shore Dr NE, Unit #302  
Florida street address (P.O. Box **NOT** acceptable)  
St Petersburg FL 33701  
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)

SECRETARY OF STATE  
JUN 30 2022

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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

Mario Longabardi  
1200 N Shore Dr NE #302  
St Petersburg, FL 33701

AMBR

Camille Longabardi  
1200 N Shore Dr NE #302  
St Petersburg, FL 33701

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

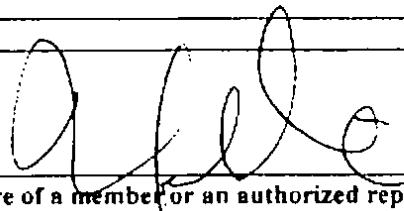
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

MARIO LONGABARDI

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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