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(Requestor's Name)

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(City/State/Zip/Phone #)

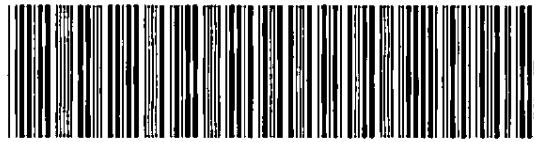
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** Covelli Construction L.L.C  
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:

Amy Allen

Name of Person

## United Corporate Services, Inc.

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**Firm/Company**

100 State Street, Suite 800

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**Address**

Albany, NY 12207

City/State and Zip Code

chrisc@mikexitje.com

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

For further information concerning this matter, please call:

Amy Allen 518 449-7587  
at ( ) 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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee

# *Sunshine State Corporate Compliance Company*

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/01/2022

**\*\*WALK IN\*\***

ENTITY NAME Covelli Construction LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Keppel*

Please call Tina at the above number for any issues or concerns. Thank you so much.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Covelli Construction 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:

1065 Borghese Lane, Unit 2102  
Naples, FL 34114

Mailing Address:

1065 Borghese Lane, Unit 2102  
Naples, FL 34114

**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:

Chris Covelli

Name

1065 Borghese Lane, Unit 2102

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

Naples

FL

34114

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..*

/s/Chris Covelli

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR**Name and Address:**Chris Covelli1065 Borghese Lane, Unit 2102Naples, FL 34114

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(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:**/s/ Diane Damiano

**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.

Diane Damiano

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)**