

L22000385169

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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. D'AGOSTINO CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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2022 SEP -7 PM 4:11

Electronic Filing Menu

Corporate Filing Menu

Help

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CH22 WD 308 668 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D'Agostino Capital, 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:

Mailing Address:

12574 Flagler Center Blvd, Suite 101
Jacksonville, FL 32258

12574 Flagler Center Blvd, Suite 101
Jacksonville, FL 32258

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:

STEPHANIE D'AGOSTINO

Name

12574 Flagler Center Blvd, Suite 101

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

Jacksonville

FL

32258

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)

CH22 WD 308 668 3)

(H22WD 308 668 3)

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

STEPHANIE D'AGOSTINO

12574 Flagler Center Blvd, Suite 101

Jacksonville, FL 32258

AMBR

ALEXA D'AGOSTINO

12574 Flagler Center Blvd, Suite 101

Jacksonville, FL 32258

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/6/22 (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.

STEPHANIE D'AGOSTINO

Typed or printed name of signee

(H22WD 308 668 3)