

L23000246457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

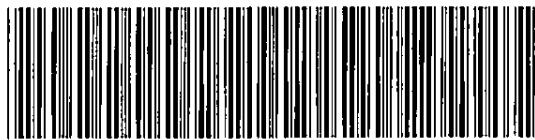
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DIVISION OF STATE
FILER
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Fredo's Paradise 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:

Alaina Valentini

Name of Person

Firm/Company

8101 W. Memory Lane

Address

Chicago Illinois, 60656

City/State and Zip Code

alaina.duca@gmail.com

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

For further information concerning this matter, please call:

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STATE
TALLAHASSEE, FL

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Alaina Valentini 708 945-0517
at () _____

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

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

Alaina A Valentini

8101 W. Memory Lane
Chicago, Illinois, 60656

MGR

Salvatore M Valentini

8101 W. Memory Lane
Chicago, Illinois, 60656

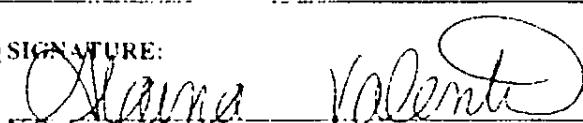
(Use attachment if necessary)

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.

Alaina Valentini

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)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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