

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L23000277967

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
 Account Number : I20200000059
 Phone : (954)727-9771
 Fax Number : (954)727-9773

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@LAMADRIDfinancial.com

**FLORIDA LIMITED LIABILITY CO.
 TILEMAN JOE SIRAGUSA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
 2023 JUN -8 PM 3:14
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

2023 JUN -8 PM 1:04
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TILEMAN JOE SIRAGUSA 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:

GIUSEPPE SIRAGUSA

Name of Person

Firm/Company

181 NW 97TH AVE APT 208

Address

MIAMI, FL 33172

City/State and Zip Code

JJOESIRAGUSA@GMAIL.COM

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

For further information concerning this matter, please call:

GIUSEPPE SIRAGUSA 754 422-0411
Name of Person at 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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TILEMAN JOE SIRAGUSA 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:**181 NW 97TH AVE APT 208SAMEMIAMI FL 33172**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:

LAMADRID FINANCIAL SERVICES CORP

Name

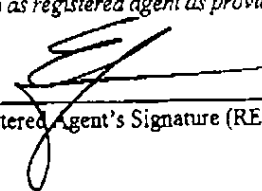
10134 W FLAGLER STFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33174

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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 MIAMI, FL

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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

GIUSEPPE SIRAGUSA
357 COMMERCE ST SUITE 320941
FAIRFIELD CT 06825

(Use attachment if necessary)

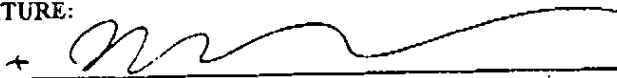
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

GIUSEPPE SIRAGUSA

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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 CLHASSET, FL
 DEPT OF STATE

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