

L23 000529203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

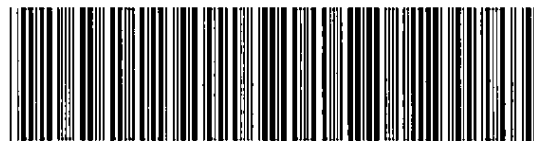
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300419576603

12/01/23--01001--017 **132.00

RECEIVED
2023 DEC -1 AM 1:21
TALLAHASSEE, FLORIDA
SECRETARY'S OFFICE
DIVISION OF CORPORATIONS

Amy Errico

Multiventure LLC

801 Leeland Heights Blvd. W.

Lehigh Acres, Fl. 33936

November 21, 2023

Florida Department of State Division of Corporations

New Filing Section

Division of Corporations

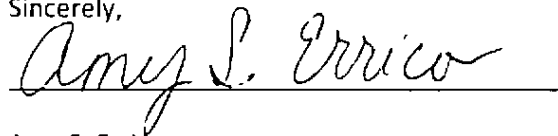
P.O. Box 6237

Tallahassee, Fl. 32314

Re: Document Number L19000263595

I, Amy S. Errico, am the owner of Multiventure LLC Document No. L19000263595 and I have no intentions of invoking the dissolution. I would like to start a new business with the name of, Multiventure LLC, which I am the owner. I would like to start the new business in the State of Florida on January 1, 2024.

Sincerely,

A handwritten signature in cursive script that reads "Amy S. Errico". The signature is written in black ink and is positioned above a horizontal line.

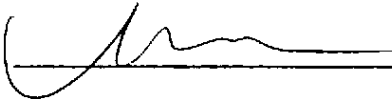
Amy S. Errico

FLORIDA NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF Lee

The foregoing instrument was acknowledged before me by means ☒ Physical Presence or
__online notarization, this 27th of November By Amy Enrico Name of Person
(acknowledging). 2023



Signature of Notary Public. Print/Stamp Name of

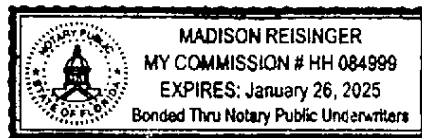
Notary

(seal)

Personally Known X

Produced I.D. _____

Type of I.D. _____



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Multiventure 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:

Amy S. Errico
Name of Person

Multiventure
Firm/Company

801 Leeland Heights Blvd W 101
Address

Lehigh Acres, Florida 33936
City/State and Zip Code

thomaserrico333@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy S. Errico at (239) 440-5114
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MULTI VENTURE 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:

801 LEE LAND HEIGHTS BLVD W
101 - LEHIGH ALRES
FLORIDA 33936

Mailing Address:

801 LEE LAND HEIGHTS BLVD W
101 LEHIGH ALRES
FLORIDA 33936

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:

ARMY S. ENNECO
Name

801 LEE LAND HEIGHTS BLVD W 101

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

LEHIGH ALRES, FLORIDA 33936 - 6612
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMY S. ERRICO

801 LEE LAND HEIGHTS BLVD W 101
LEHIGH ACRES, FLORIDA 33936

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1 2024 (OPTIONAL)

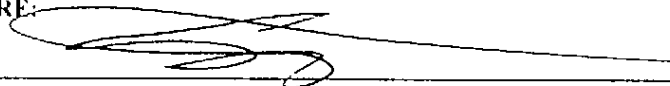
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

BEAUTY SALONS SHOP - EQUIP-SUPPLIES
ALSO TO TRANSACT ANY AND ALL LAWFUL ACTIVITIES
OF BUSINESS PERMITTED UNDER THE STATE OF FLORIDA LAWS

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.

AMY S. ERRICO

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)