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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 193031 4300239
AUTHORIZATION: Jane Dena
COST LIMIT : \$ 125'.00
ORDER DATE : December 13, 2023
ORDER TIME : 1:17 PM
ORDER NO. : 193031-005
CUSTOMER NO: 4300239
DOMESTIC FILING
NAME: SOUTHSIDE INNOVATIONS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

	ew Filing Sec ivision of Coi					
SUBJECT		Innovations LLC				
SOBJECT	·	Name of	Limite	ed Liabilit	у Сотралу	
The enclos	ed Articles of	Organization and fee(s) are s	ubmitted t	or filing.	
Please retu	rn all correspo	ondence concerning this	s matte	r to the fo	flowing:	
	Bruce W. Bi	eber, Esq.				
				Name of I	Person	
	Kurzman Eis	enberg Corbin & Leve	er, LLF	•		
				Firm/Con	npany	
	1 North Broa	idway, 12th Floor				
				Addre	SS	
	White Plains	, New York 10601				
	pete@petebiz	zarro com	City	/State and	Zip Code	
		E-mail address: (to be u	sed fo	r future ar	nual report notificati	on)
For further in	nformation co	ncerning this matter, pl	ease ca	all:		
	Bruce Bieber	at	914	,	993-6053	
,	Nam	e of Person	`	Code	Daytime Telephone	e Number
Enclosed is	a check for th	ne following amount:				
■\$ 125.00		□\$130.00 Filing Fed Certificate of Status		Certifie	.00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Be	g Address ling Section on of Corporations ox 6327 assee, FL 32314		7 1 2	Irreet Address Jew Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:				
Southside Innovati		Liability Compa	ny, "L.IC.," or "LLC.")		
(widst cor	atili tite words 12mmed	islability Compai	ny, billion of fact, y		
ARTICLE II - Address:	- 1.1	- 60 6.4 1 ! !	o II i Ello Como de la		
The mailing address and street	address of the principal o	office of the Limi	ted Liability Company is:		
<u>Princi</u>	oal Office Address:		Mailing Address:		
10405 North Barnsl	ey Drive	<u>1</u>	10405 North Barnsley Drive		
Parkland, FL 33076			arkland, FL 33076		
another business entity with an The name and the Florida street	address of the registered				
	Peter Bizzarro				
		Name			
	10405 North Barnsle		<u> </u>		
	Florida street addres	ss (P.O. Box <u>NO</u>	[acceptable)		
	Parkland	FL	33076		
	City	State	Zip		
lace designated in this certificate in the agree to comply with the p	e. I hereby accept the app provisions of all statutes r	pointment as regis relating to the pro	the above stated limited liability company at the stered agent and agree to act in this capacity. It per and complete performance of my duties, and as provided for in Chapter 605, F.S		
	By /s/ Peter Bi:				
	Regist	tered Agent's Sig	nature (REQUIRED)		
		(CONTINUE	D)		

3.

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR and MGR	Peter Bizzarro 10405 North Barnsley Drive	-
	Parkland, FL 33076	=
		-
AMBR and MGR	Christopher Calicchio	
Tribut and more	24 Ton of the Diday	-
	Mamaroneck, NY 10543	-
		-
		-
		-
		-
		- -
(Use attachment if necessary)		
(Ose attachment in the cossaily)		
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)	
	e specific and cannot be more than five business days prior to or 90	days after
the date of filing.)		. 1 . 1
Note: If the date inserted in this block does in the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not	be listed as
the document's effective date on the Departit	tent of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
/s/ Peter E	Sizzarro	
·		
	a member or an authorized representative of a member.	
	secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State	
	egree felony as provided for in s.817.155. F.S.	
···		
Peter Bizzarı	Typed or printed name of signee	
	Typed of princed name of signee	
	Filing Fees:	
	f Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional		V 3
\$ 5.00 Certificate of Status (Op	otional)	2023
		· ¬