# L24000015727

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



### ORDER FORM

**TO** : Florida Department of State

FROM Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 1/9/2024

PRIORITY Regular Approval OUR REF # (Order ID#) 1218500

ORDER ENTITY

FL VIERA TLE REALTY PARTNERS LLC

PLEASE	PERFORM	THE FQ	LLOWI	NG SEI	RVICES:
FI VIF	RATIFRE	ALTY P	ARTNER	รยเก	(FI)

New LLC filing

\$125.00 Authorized

# RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 9, 2024 Page 1 of 1

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FL VIERA TLE REALTY PARTNERS LLC	Track and the state of the stat
(Must contain the words "Limited Liabi	nty Company, L.L.C., or LLC. )
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
133 ELEVEN LEVELS ROAD,	133 ELEVEN LEVELS ROAD.
RIDGEFIELD, CT 06877	RIDGEFIELD, CT 06877

ALEXZANDER GONANO

Name

1600 SOUTH FEDERAL HIGHWAY, SUITE 200

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

FORT PIERCE FL 34950

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. 1

Registered Agent's Signature (REQUIRED)

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..

Alex Zander Sonano

(CONTINUED)

2024

## ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MICHAEL MINGIONE
	133 ELEVEN LEVELS ROAD. RIDGEFIELD. CT 06877
	7172-7
Use attachment if necessary)	
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