

L24000403658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

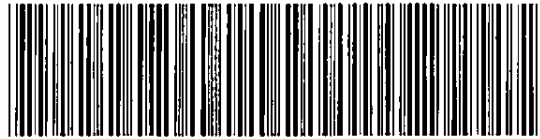
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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09/13/24--01014--004 **125.00

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DIVISION OF CORPORATIONS
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September 9, 2024

To Whom it May Concern;

I enclose a filing for a new LLC in the State of Florida, seeking the name to be registered as FIID LLC.

Toward that end, I enclose a check in the amount of \$125.00

Should anything more be required, I hope that you will contact me at the email, phone, or address below;

(561) 306-5356
delorenzouae@gmail.com

A. DeLorenzo
2372 Seaford Drive
Wellington, FL 33414

In hopes of hearing from your office soon.



Anthony DeLorenzo

COVER LETTER

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

SUBJECT: FID 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:

Ayesha T. DeLorenzo

Name of Person

Firm/Company

2372 Scaford Drive

Address

City/State and Zip Code
Wellington, FL 33414

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

For further information concerning this matter, please call:

Anthony DeLorenzo 561 3065356

Name of Person 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIID 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:

2372 Scaford Drive
Wellington
Florida 33414

13833 Wellington Trace E-4
Wellington
Florida 33414

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:

Malfa Inc.

Name

1110 Brickell Avenue, Suite 400k-176

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

Miami

FL

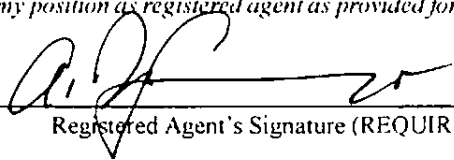
33131

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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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:

Ayesha Talal DeLorenzo

2372 Seaford Drive

Wellington, FL 33414

AMBR

Anthony DeLorenzo

2372 Seaford Drive

Wellington, FL 33414

AMBR

Antonio U. DeLorenzo

3353 Charles Avenue

Miami, FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 11, 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.

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.

Anthony DeLorenzo

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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