

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

RECEIVED

2024 OCT 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLFLORIDA LIMITED LIABILITY CO.
19672 VILLA ROSA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2024 OCT 28 PM 2:40
STATE
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

19672 VILLA ROSA 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:

19672 VILLA ROSA LOOP
ESTERO, FLORIDA 33967

19672 VILLA ROSA LOOP
ESTERO, FLORIDA 33967

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:

Registered Agent Solutions, Inc.

NA

2894 Remington Green Ln. Ste. A

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

Tallahassee FL 32308

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.

/s/ Naomi Ostpowitz, Assistant Secretary on Behalf of Registered Agent Solutions, Inc.

Registered Agent's Signature ~~(REQUIRED)~~

(CONTINUED)

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OF FL

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

ARTICLE V: AMBR

If other than

the date of filing

MICHAEL FURINO

9 RUTH PLACE

GLEN HEAD, NY 11545

AMBR

JACQUELINE FURINO

9 RUTH PLACE

GLEN HEAD, NY 11545

(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:

/s/ MICHAEL FURINO

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.

MICHAEL FURINO

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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DEPT OF STATE
TALLAHASSEE, FL