

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000462188

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000363501 3)))



H240003635013ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC.

Account Number : I20010000112

Phone : (302) 575-0875

Fax Number : (302) 575-1642

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GIOZI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2024 OCT 31 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2024 OCT 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

TJH
11/1/24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GIOZI LLC

(Must end with 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:

10275 COLLINS AVE STE 515
BAL HARBOR, FL 33154

Mailing Address:

10275 COLLINS AVE STE 515
BAL HARBOR, FL 33154

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:

AGENTS AND CORPORATIONS, INC.

Name

91 NINTH STREET SOUTH SUITE 330

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

NAPLES

City

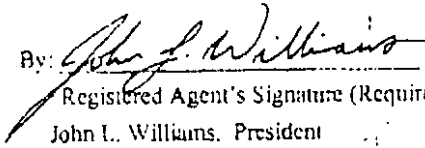
FL

Zip

34102

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.

Agents and Corporations, Inc.

By: 

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 31 PM 4:15

FILED

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/MGR

Lidel Marcelo Ziraldo
10275 COLLINS AVE STE 515
BAL HARBOR, FL 33154

AMBR

Zinagi Irrevocable Trust
10275 COLLINS AVE STE 515
BAL HARBOR, FL 33154

(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.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE: Lidel Marcelo Ziraldo
Lidel Marcelo Ziraldo (Oct 31, 2024 12:36 ADT)

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Lidel Marcelo Ziraldo

Typed or printed name of signee

FILED
2024 OCT 31 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA