

L24000474012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

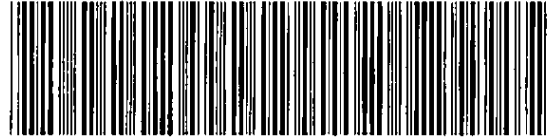
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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F: 866.625.0839  
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Account#: I200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/08/2024

Name: Cheyanne Davis

Reference #: 2555236

Entity Name: ANNA CHIARA LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

Authorized Amount: \$125.00

Signature: *Cheyenne Davis*

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Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 11/08/2024

Name: Cheyenne Davis

Reference #: 2555236

Entity Name: ANNA CHIARA LLC

- ☒ Articles of Incorporation/Authorization to Transact Business  
☐ Amendment  
☐ Change of Agent  
☐ Reinstatement  
☐ Conversion  
☐ Merger  
☐ Dissolution/Withdrawal  
☐ Fictitious Name  
☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: *Patrice*

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Anna Chiara 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:

Harry Teichman

Name of Person

Taylor English Duma LLP

Firm/Company

P.O. Box 147

Address

Tampa, Florida 33601

City/State and Zip Code

harry.teichman@stinson.com

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

For further information concerning this matter, please call:

Harry Teichman 813 8572248  
Name of Person at (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anna Chiara 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:

1337 Bradford Road, Fort Myers, FL 33901

1337 Bradford Road, Fort Myers, FL 33901

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:

Anna Chiara Birkart

Name

1337 Bradford Road

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

Fort Myers

Florida

33901

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..*

Anna Chiara Birkart

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE  
TALLAHASSEE, FL

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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

**Name and Address:**

MGR

Anna Chiara Birkart

1337 Bradford Road, Fort Myers, Florida 33901

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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TALLAHASSEE, FL

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**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:**

Anna Chiara Birkart

**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.

Anna Chiara Birkart

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)