

L25000315247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000446467010

2025 JUL 16 PM 4:23

RECEIVED

2025 JUL 16 PM 4:23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature 

180 Alt 19 Holdings, LLC

Business Name

Document #

     **Certified Copy of Articles of Organization**

     **Certificate of Status**

**NEW FILINGS**

     Profit  
     Not for Profit  
  X   LLC  
     Domestication  
     INC  
     CORP  
     LP

**AMENDMENTS**

     Amendment  
     Resignation of R.A.  
     Change of Registered Agent  
     Revocation of Dissolution  
     Conversion  
     Statement of Authority  
     Merger  
     **REVOCATION OF DISSOLUTION**

**OTHER FILINGS**

     TRANSMITTAL LETTER  
     Fictitious Name  
     Statement of Authority  
     APOSTIL                       
                    **COUNTRY**

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing  
     Partnership  
     Reinstatement  
     Statement of CORRECTION  
     Domestication of a Foreign Corp.  
                          Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

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

**SUBJECT:** 180 ALT 19 HOLDINGS, 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:

ANTHONY J. MESSINA, ESQ.

\_\_\_\_\_  
Name of Person

MESSINA LAW GROUP

\_\_\_\_\_  
Firm/Company

2550 PERMIT PLACE

\_\_\_\_\_  
Address

NEW PORT RICHEY, FL 34655

\_\_\_\_\_  
City/State and Zip Code

RA@MESSINALAWGROUP.COM

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

For further information concerning this matter, please call:

ANTHONY MESSINA	813	492-7798
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

180 ALT 19 HOLDINGS, 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:

4204 CARTNAL AVE

TAMPA, FL 33618

Mailing Address:

4204 CARTNAL AVE

TAMPA, FL 33618

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:

MESSINA LAW P.A.

Name

2550 PERMIT PLACE

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

NEW PORT RICHEY

FL


34655

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..*

  
Anthony J. Messina [Jul 16, 2025 10:39 EDT]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

PAUL M. MESSINA SR.

4204 CARTNAL AVE

TAMPA, FL 33618

(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:**



Paul M. Messina (Jul 16, 2025 10:47 EDT)

**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.

PAUL M. MESSINA SR.

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)