

# L95000000 755

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

200001607382

-10/11/95--01115--021

\*\*\*\*337.50 \*\*\*\*337.50

OFFICE USE ONLY

FILED  
95 OCT - 6 AM 11: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. Carlo Maggio Design, L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 10/6/95

☒ Certified Copy

*Call if problems!*

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

308,113,609,671  
MAY 1992

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILING 1250.00  
R. AGENT 35.00  
C. COPY 52.50  
TOTAL 1337.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

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95 OCT - 6 AM 11: 07  
DIVISION OF CORPORATIONS

BROWN OCT - 6 1995

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

October 6, 1995

**CAPITOL SERVICES D/B/A  
PARALEGAL & ATTY. SERVICE BUREAU, INC.  
1406 HAYS STREET, SUITE 2  
TALLAHASSEE, FL 32301**

**SUBJECT: CARLO MAGGIO DESIGN, L.C.  
Ref. Number: W95000019921**

We have received your document for CARLO MAGGIO DESIGN, L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

A limited liability company may not serve as its own registered agent. Please designate an individual, an active domestic corporation or limited liability company, or a foreign corporation or limited liability company authorized to transact business within the state, having a Florida street address identical with that of the registered office.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 495A00045400

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AN 11: 14  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Carlo Maggio Design, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1190 Turnbull Bay Road  
New Smyrna Beach, Florida 32166

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

perpetual

**ARTICLE IV - Management:**

☒ The Limited Liability Company is to be managed by managers and the names and addresses of such managers who are to serve as managers are:

- (1) Robert Schlup  
Thunstrasse 13  
CH-3074  
Muri, Switzerland

- (2) Marco Casanova  
Mün Stergasse 64  
CH-3001  
Bern, Switzerland
- (3) Heinz Bloch  
Köllikerstrasse 12  
CH-8044  
Zurich, Switzerland

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

only by unanimous consent

#### **ARTICLE VI - Members Rights to Continue Business:**

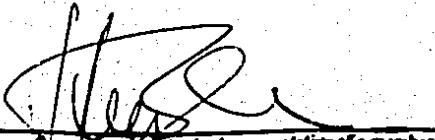
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

That the remaining members have 120 days  
to decide to continue the LC

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Carlo Maggio Design, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash anticipated to be contributed by member(s) is \$ 500,000.00  
This total includes amounts from 2 and 3 above.

  
Signature of a member or authorized representative of a member.  
(In accordance with section 607.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

95 OCT -6 AM 11:14  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
 REGISTERED AGENT/REGISTERED OFFICE**

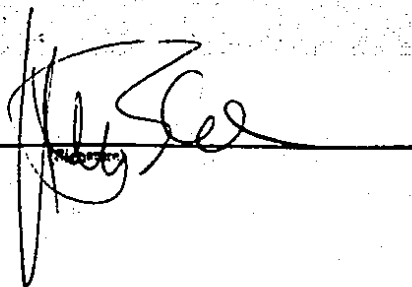
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
 STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
 FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
 REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Carlo Maggio Design, L.C.
2. The name and address of the registered agent and office is:

Robert Schlup  
(Name)  
Robert Schlup  
1190 Turnbull Bay Road  
(P.O. Box not acceptable)  
New Smyrna Beach, Florida 32166  
(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.

By: \_\_\_\_\_



October 3, 1995  
(Date)

# L95000000755

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95 NOV 8 PM 12:17

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC. CORPORATION

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CF. 52.50  
CERT. 52.50

300001644533  
-11/22/95--01030--006  
\*\*\*\*105.00 \*\*\*\*105.00

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Carlo Maggao Design, L.C. L9500000755  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 11/7

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 NOV - 8 PM 3:02

FILED

Amendment  
11/8/95

Examiner's Initials

DL

**CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CARLO MAGGIO DESIGN, L.C.**

(Present Name)  
(A Florida Limited Liability Company)

**FILED**  
95 NOV -8 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

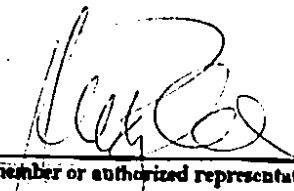
**FIRST:** The date of filing of the articles of organization is October 6, 1995.

**SECOND:** The following amendment to the articles of organization was adopted by the limited liability company:

The following person has been added as a managing member:

Carlo Maggio  
Rosswaldweg 4  
CH-3052 Zollikofen  
Switzerland

**Dated: November 1, 1995.**

  
\_\_\_\_\_  
Signature of member or authorized representative of a member

**Heinz Bloch**  
\_\_\_\_\_  
Typed or printed name of person signing

95 NOV -8 PM 12:17  
DIVISION OF CORPORATIONS



**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND  
FILED

3 APR 20 11:10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 238.75** Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

**1. Name and Mailing Address of Limited Liability Company** **DOCUMENT #L95000000755**

CARLO MAGGIO DESIGN, L.C.  
1190 TURNBULL BAY ROAD  
NEW SMYRNA BEACH FL 32166-

**1a. Principal Place of Business Address**

1190 TURNBULL BAY ROAD  
NEW SMYRNA BEACH FL 32166

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
		+ P.O. Box 902		10/06/1995	FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b>	<input type="checkbox"/> Applied For
City & State		City & State		59 3339021	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
32168		32168		N/A	<input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>		<b>8. Name and Address of New Registered Agent</b>	
SCHLUP, ROBERT 1190 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32166		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL 32168	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHLUP, ROBERT	<del>THUNSTRASSE 13 CH-3074</del> 1190 TURNBULL BAY ROAD	MURI, SWITZERLAND NEW SMYRNA BEACH, FL 32166
MGR	CASSANOVA, MARCO	<del>MUN-STERGASSE 64 CH-3001</del> 1190 TURNBULL BAY ROAD	BERN, SWITZERLAND NEW SMYRNA BEACH, FL 32166
MGR	CASANOVA, MARCO	KOLLIKERSTRASSE 12 CH-8044	ZURICH, SWITZERLAND
MGR	BLOCH, HEINZ		
MGR	MAGGIO, CARLO	<del>ROSSWEIDWEG 4 CH-3052</del> ROSSWEIDWEG 6 CH-3052	ZOLLIKOFEN, SWITZERLAND
MGR			600001814106 -05/08/96--01101--001 ****238.75 ****238.75

AB

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

Robert Schlup

4/26/95

904 424-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #