

M21000010091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

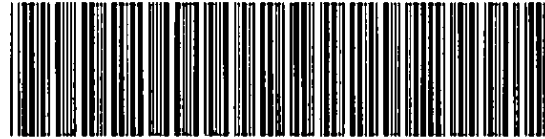
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUL 06 2021

07/07/21--01008--011 **130.00

FILED
21 AUG -2 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

2021-1006
8/16/21

TL
8/15/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SACCO CPA PLLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN M SACCO CPA

Name of Person

SACCO CPA

Firm/Company

27299 RIVERCENTER BOULEVARD

Address

BONITA SPRINGS, FLORIDA 34134

City/State and Zip Code

John@Saccocpa.com

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

For further information concerning this matter, please call:

JOHN M SACCO CPA

239

992-4232

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2021

JOHN M SACCO CPA
27299 RIVERCENTER BLVD
BONITA SPRINGS, FL 34134

SUBJECT: SACCO CPA PLLC
Ref. Number: W21000099182

We have received your document for SACCO CPA PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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 (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 721A00015889

RECEIVED
AUG 02 2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SACCO CPA PLLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

SACCO CPA LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK STATE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1275180
(FEI number, if applicable)

4. UPON APPROVAL
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 27299 RIVERVIEW CENTER BOULEVARD
(Street Address of Principal Office)

6.
(Mailing Address)

27299 RIVERVIEW CENTER BOULEVARD

BONITA SPRINGS, FLORIDA 34134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN M SACCO CPA

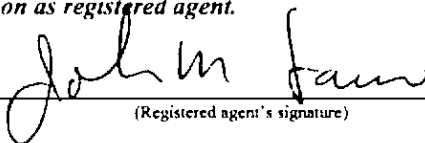
Office Address: 27299 RIVERVIEW CENTER BOULEVARD

BONITA SPRINGS, Florida 34134
(City) (Zip code)

FILED
AUG - 2 PM 2:30
21
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

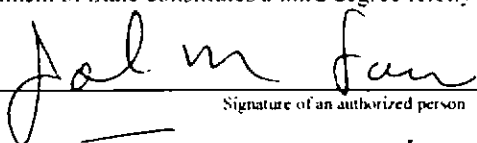
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JOHN M SACCO CPA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9052 GRAPHITE CIRCLE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NAPLES, FLORIDA 34134	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



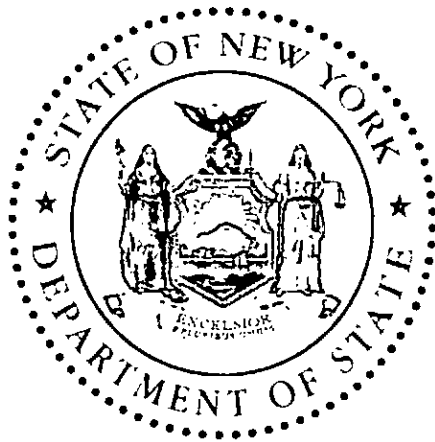
Signature of an authorized person

John M Sacco

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that SACCO CPA PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/10/2021, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of June two
thousand and twenty-one.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

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Sacco CPA LLC
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5. (Street Address of Principal Office)

6. (Mailing Address)

27299 RIVERVIEW CENTER BOULEVARD

BONITA SPRINGS, FLORIDA 34134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN M SACCO CPA

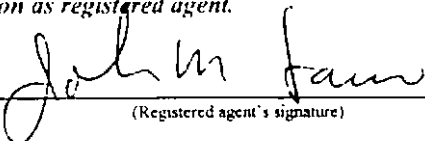
Office Address: 27299 RIVERVIEW CENTER BOULEVARD

BONITA SPRINGS, Florida 34134
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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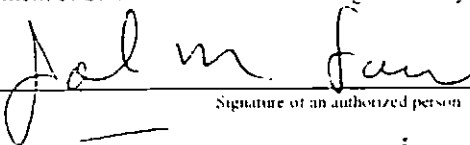
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<input type="checkbox"/> Authorized	NAPLES, FLORIDA 34134	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Signature of an authorized person

John M Sacco

Typed or printed name of signer

State of New York
Department of State } ss:

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Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*