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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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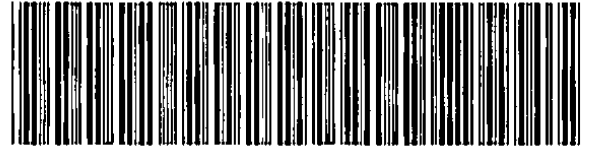
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Izzo Brothers LLC

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:

Paul Izzo

Name of Person

Izzo Brothers LLC

Firm/Company

101 Markerside Ave, Ste 404-101

Address

Ponte Vedra, FL 32081

City/State and Zip Code

paulizzojr@gmail.com

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

For further information concerning this matter, please call:

Paul Izzo

713

705-9803

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

RECEIVED
NOV 17 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2021

PAUL IZZO
101 MARKETSIDE AVE STE 404-101
PONTE VEDRA, FL 32081

SUBJECT: IZZO BROTHERS LLC
Ref. Number: W21000138870

We have received your document for IZZO BROTHERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 721A00025514

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:

Izzo Brothers LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Texas 83-2392273
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 34 High Ridge Pt 101 Marketside Ave
(Street Address of Principal Office) (Mailing Address)
Ponte Vedra, FL 32081 Suite 404-101
Ponte Vedra, FL 32081

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

Name: Paul Izzo
Office Address: 101 Marketside Ave Suite 404-101
Ponte Vedra, Florida 32081
(City) (Zip code)

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CLERK OF DISTRICT COURT
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.

Paul S. Izzo
(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: Paul Izzo	<input checked="" type="checkbox"/> Manager	Name: Matthew Izzo
<input type="checkbox"/> Member	Address: 27503 Rosewood Valley Dr	<input type="checkbox"/> Member	Address: 34 High Rdige Pt
<input type="checkbox"/> Authorized	Katy, TX 77494	<input type="checkbox"/> Authorized	Ponte Vedra, FL 32081
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Stephen Izzo	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 172 Cape Hatteras Dr	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Ponte Vedra, FL 32081	<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

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.

Paul S. Izzo
Signature of an authorized person

Paul Izzo

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Izzo Brothers, LLC (file number 803150185), a Domestic Limited Liability Company (LLC), was filed in this office on October 24, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 10, 2021.



A handwritten signature of John B. Scott, consisting of a stylized 'J' followed by a series of loops and a final flourish.

John B. Scott
Secretary of State