

M24000000550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

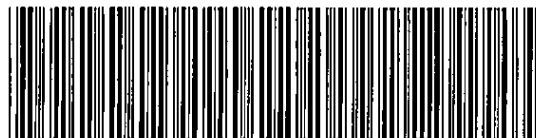
(Document Number)

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

Special Instructions to Filing Officer:

W23-1681286

Office Use Only



700419503317

11/29/23--01023--006 \*\*160.00

FILED  
2024 JAN 17 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2023

JOYCE PERRICO  
408 CHARDON AVENUE  
CHARDON, OH 44024 US

SUBJECT: ABRUZZO INVESTMENTS, LLC  
Ref. Number: W23000168686

We have received your document for ABRUZZO INVESTMENTS, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 923A00029024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Abruzzo Investments, LLC dba Abruzzo Investments Dunes, 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:

Joyce Perrico  
Name of Person

Abruzzo Investments, LLC  
Firm/Company

408 Chardon Avenue  
Address

Chardon, OH 44024  
City/State and Zip Code

joyceperrico@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Perrico                      440                      725-7796  
Name of Contact Person                      at (                      )                      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

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

IN COMPLIANCE WITH SECTION 88.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Abruzzo Investments, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

Abruzzo Investments Dunes, LLC

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

2. Ohio

46-2282786

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

4. February 1, 2024

(Date first transacted business in Florida, if prior to registration)  
(New sections 875.0034 & 875.0035, F.S., no domestic personal liability)

5. 275 Indies Way #304

408 Chardon Avenue

(Street Address of Principal Office)

6. (Mailing Address)

Naples, FL 34110

Chardon, OH 44024

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

Name Albert Perico

Office Address 275 Indies Way #306

Naples

34110

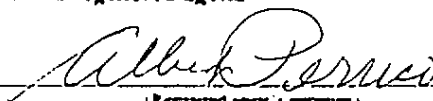
Florida

(City)

(Zip code)

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)

FILED  
2024 JAN 17 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

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]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: Michael Perrico

☒ Member              Address: 408 Chardon Avenue

☐ Authorized              Chardon, OH 44024

Person

☐ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: Joyce Perrico

☒ Member              Address: 408 Chardon Avenue

☐ Authorized              Chardon, OH 44024

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

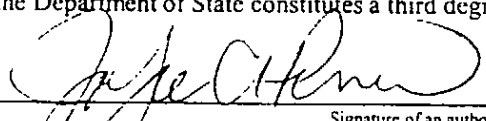
Person

☐ Other                      ☐ 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

Joyce A. Perrico  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ABRUZZO INVESTMENTS, LLC, an Ohio Limited Liability Company, Registration Number 2181464, was organized in the State of Ohio on March 12, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of November, A.D. 2023.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202331402080