

L24000301108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

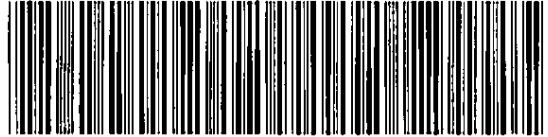
Special Instructions to Filing Officer:

07/09/24

W24-74310

W24000042183

Office Use Only

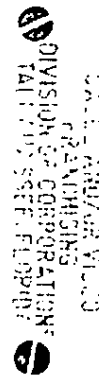


300423938993

S. CHATHAM

JUL 10 2024

02/19/24--01005--012 \*\*130.00



2024 JUN -9 PM 12:01

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2024

IOANNIS G. STAVROU  
2 TUDOR PL  
RANDOLPH, NJ 07869 US

SUBJECT: PELAGOS LLC  
Ref. Number: W24000074310

RECEIVED  
2024 JUL -9 PM 3:42  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

We have received your document for PELAGOS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L23000238316.

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) 245-6052.

Carlos E Rico  
Supervisor

Letter Number: 824A00010516

Karen Levin Alexander, P.A.

ATTORNEY AT LAW

4400 PGA Boulevard, Suite 402  
Palm Beach Gardens, Florida 33410  
KAREN@KLALAWFL.COM

Office: (561) 629-9929

Cell: (561) 281-5122

July 2, 2024

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

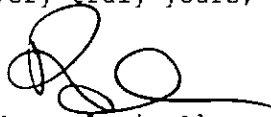
Re: Spinalonga LLC

To Whom It May Concern:

Enclosed you will find the Articles of Organization in regard to the above-referenced matter. I have also enclosed your rejection letter for Pelagos LLC. Please use our credit in the amount of \$130.00 for the Filing fee and Certificate of Status.

If you have any questions, please feel free to call my office.

Very truly yours,

A handwritten signature in black ink, appearing to be 'KLA', with a long horizontal line extending to the right.

Karen Levin Alexander

KLA/slc  
Enclosure  
cc: Ioannis G. & Pota Stavrou (w/o enclosures)

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Spinalonga 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:

Ioannis G. Stavrou and Pota Stavrou

Name of Person

Firm/Company

2 Tudor Place

Address

Randolph, NJ 07869

City/State and Zip Code

potastavrou@msn.com

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

For further information concerning this matter, please call:

Pota Savrou

908

489-2937

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

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

Spinalonga 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:

Mailing Address:

2 Tudor Place

Randolph, NJ 07869

2 Tudor Place

Randolph, NJ 07869

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:

Karen Levin Alexander

Name

4400 PGA Blvd. Suite 402

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

Palm Beach Gardens

FL

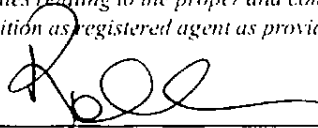
33410

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
2024 JUL -9 PM 12:07  
CLERK AND/OR VICE CLERK  
DIVISION OF CORPORATE REGISTRATION  
TALLAHASSEE, FLORIDA

**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

Ioannis G. Stavrou

2 Tudor Place

Randolph, NJ 07869

Mgr

Pota Stavrou

2 Tudor Place

Randolph, NJ 07869

(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:**

*Pota Stavrou*

**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.

Pota Stavrou

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)

**FILED**  
2024 JUL -9 PM 12:04  
CLERK AND CLERK  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA