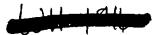
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•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

L. SELLERS

MAR 17 2011

**EXAMINER** 

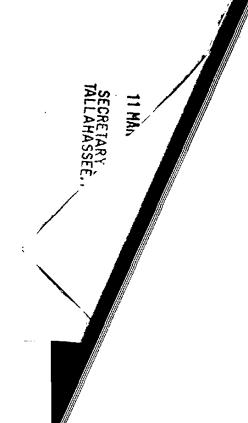


Office Use Only



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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: miamicondo shoppet 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:
Marzena Wisniewski Name of Person
mianicondoshop net UC Firm/Company
1830 S. Ocean Drive - unit 2608
Hallandale - F1 - 33009 City/State and Zip Code
Marzena & mian i condoshop, net  Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marzena Wisniewski at (305) 80/1952  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\begin{array}{c} \$130.00 Filing Fee & \$\begin{array}{c} \$155.00 Filing Fee & \$\left( \$160.00 Filing Fee, \\ Certificate of Status & Certified Copy \\ (additional copy is enclosed) \end{array} Certified Copy \\ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



January 11, 2011

MARZENA WISNIEWSKI 1830 S. OCEAN DRIVE, UNIT 2608 HALLANDALE, FL 33009

SUBJECT: MIAMICONDOSHOPNET LLC

Ref. Number: W11000001846

We have received your document for MIAMICONDOSHOPNET 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):

Please provide the NAME of the manager.,

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) 245-6967.

Letter Number: 011A00001002

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Miamicondo Shoon (Must end with the words Limited	e + LLC d 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:	
1830 S. Ocean Drive - 260 Hellandale - F1 - 23009	1830 S. Ocean	<u> Drive</u> - 2608 <u>-33</u> 009
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	f the registered agent are:	
Marcena	W isniewski	
1830 S. OCE Florida str Hallanda le	eet address (P.O. Box NOT acceptable)  FL 33009  ity, State, and Zip	,08
Having been named as registered agent at liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complacted the obligations of my position as	ed in this certificate, I hereby accept the pacity. I further agree to comply with ete performance of my duties, and I an	he appointment as h the provisions of all m familiar with and
Registyred Agent's	Signature (REQUIRED)	TALL.
(CON	TTINUED)	ARE TA

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member	Name: Mathy Garcia		
MGR	Name & Mathy Garcia 1830 S. Ocean Drive-2608 Hallondale-F1-33009		
***************************************			
<del>rest and a second a second and a second and a second and a second and a second and</del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must less to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior		
PROLIDED GLONATURE			

**REQUIRED SIGNATURE:** 

Signature of a/member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Marzena Wisniewski 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)