# 112000097963

(Re	questor's Name)	
<b>C</b>	<b>,</b> ,	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300237833323

07/27/12--01037--UU8 \$1**25**00

12 JUL 27 PH 3: 02 SECRETARY OF STATE ALLAHASSEE, FLORID

APPROVEU AND FILED

D. BRUCE

JUL 27 2012

**EXAMINER** 

# **COVER LETTER**

.TO: Registration Section Division of Corporations

SUBJECT: NOVO'S PROPERTIES 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:

JOSE I NOVO CUEVAS  Name of Person			
NOVO'S PROPERTIES LLC	- ! ?		
Firm/Company			
6707 NW 37TH AVENUE			
Address			
MIAMI FL 33147			
City/State and Zip Code			
DORACPEREZ@HOTMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JOSE I NOVO CUEVAS at ( 786 ) 718-2840	S 72.	PH 3	
Name of Person Area Code & Daytime Telephone Number		3: 02	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee \& Certificate of Status \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional copy is enclo	Status	&	

#### Mailing Address

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

#### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	$\mathbf{T}$	[C]	LE	1.	- N	am	e:
---	---	--------------	-----	----	----	-----	----	----

The name of the Limited Liability Company is:

# NOVO'S PROPERTIES LLC

(Must end with 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:	<u> Mailing Address:</u>

6707 NW 37TH AVENUE 11890 SW 6TH STREET MIAMI FL 33147 MIAMI FL 33184

### 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:

JOSE I NOVO CUEVAS

Name

6707 NW 37TH STREET

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

MIAMI <sub>FL</sub> 33147

City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	R" = Manager	Name and Address:	
	RM" = Managing Member		
MGR		JOSE I NOVO CUEVAS	
		6707 NW 37TH AVENUE	
		MIAMI FL 33147	
<del></del>			
	<del></del>		
(Use a	ttachment if necessary)		
ARTICLE V:	Effective date, if other than the	ne date of filing: (OPTIONAL)	
If an effective	e date is listed, the date must	be specific and cannot be more than five business days prior	
o or 90 days a	after the date of filing.)		
REQU	JIRED SIGNATURE:		
<del>.</del>		7	
	· 8	SE ALI	
	Signature of a meml	ber or an authorized representative of a member.	
	constitutes an affirmation und I am aware that any false info	der the penalties of perjury that the facts stated herein are true armation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)	APPOOR
	JOSE I NOV	O CUEVAS	,
		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)