

L15000085775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

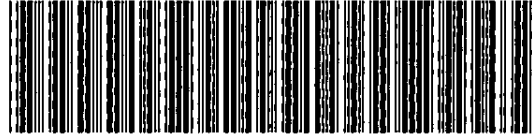
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 MAY 14 AM 11:15

FILED

MAY 15 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2015

SHENEKA SPENCER
POST OFFICE BOX 460833
FORT LAUDERDALE, FL 33346

SUBJECT: MODERN TRANSFORMATIONS LLC
Ref. Number: W15000028478

RECEIVED
15 MAY 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MODERN TRANSFORMATIONS 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 615A0000820

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2015 MAY 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Modern Transformations 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:

Sheneka Spencer
Name of Person

Modern Transformations
Firm/Company

PO Box 460833
Address

Fort Lauderdale, FL 33346
City/State and Zip Code

shea.spencer@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheneka Spencer at (954) 822-5322
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
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

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2015 MAY 14 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Modern Transformations 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:

8360 N Missionwood Circle

Principal Office Address: Miramar, FL 33025 Mailing Address:

PO Box 460833

PO Box 460833

Fort Lauderdale, FL 33346

Fort Lauderdale, FL 33346

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:

Sheneka Spencer

Name

8360 N Missionwood Circle

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

Miramar

FL 333025

City

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.

Sheneka Spencer

Registered Agent's Signature (REQUIRED)

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2015 MAY 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBER

Name and Address:
Sheneka Spencer
8360 N Missionwood Circle
Miramar, FL 33025

MGR

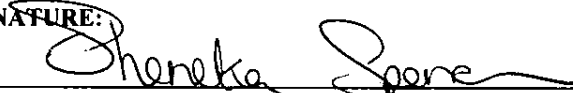
Michael Williams
8360 N Missionwood Circle

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Sheneka Spencer
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)

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SECRETARY OF STATE
ALLAHASSEE FLORIDA