

L16000053155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

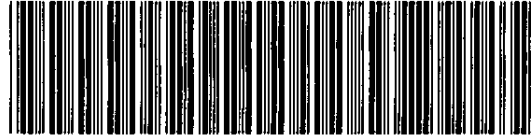
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2016

D CUSHING

DANIŁA MANJARRES

12270 NW 2nd street, Coral Springs, FL 33071

561.305.5718

11/16/15

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

Dear Recipient:

Enclosed is the proper paperwork to be submitted for a Florida Limited Liability Company along with a 125.00 dollar check payable to the Florida Department of State.

Sincerely,

Daniła Manjarres

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ Swim School 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:

Danila Manjarres
Name of Person

EZ Swim School LLC
Firm/Company

12270 nw 2nd street
Address

Coral Springs, FL, 33071
City/State and Zip Code

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

For further information concerning this matter, please call:

Danila Manjarres at (561) 3055718
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

DANILA MANJARRES
EZ SWIM SCHOOL LLC
12270 NW 2ND STREET
CORAL SPRINGS, FL 33071

SUBJECT: EZ SWIM SCHOOL LLC
Ref. Number: W15000077896

We have received your document for EZ SWIM SCHOOL 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):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 515A00025260



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2016

DANILA MANJARRES
EZ SWIM SCHOOL LLC
12270 NW 2ND STREET
CORAL SPRINGS, FL 33071

SUBJECT: EZ SWIM SCHOOL LLC
Ref. Number: W15000077896

We have received your document for EZ SWIM SCHOOL 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):

You failed to sign the application. A signature is needed on both pages at the bottom of the page.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 516A00004212

RECEIVED
16 MAR 11 PM 1:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EZ Swim School 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:

12270 nw 2nd street

Coral Springs, FL, 33071

Mailing Address:

12270 nw 2nd street

Coral Springs, FL, 33071

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:

Danila Manjarres

Name

12270 nw 2nd street

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

Coral Springs

FL

33071

City

State

Zip

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TALLAHASSEE, FLORIDA

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..

X 

Registered Agent's Signature (REQUIRED)

(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

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: January 1, 2016. (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:

X _____ 

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.

Danila Manjarres

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)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 MAR 11 PM 1:08
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