

L17 0000 17596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

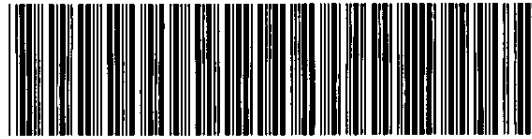
(Document Number)

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17 JAN 18 PM 12:11

2017 JAN 24 AM 9:21

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TALLAHASSEE, FLORIDA

C. GOLDEN  
JAN 25 2017

FILED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

10315 NW 9 Street Circle Unit 305, LLC

Signature \_\_\_\_\_  
-----

Requested by: Seth

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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2017 JAN 21 AM 9:21  
SECRET  
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2017

CAPITAL CONNECTION, INC.

SUBJECT: 10315 NW 9 STREET CIR UNIT 305, LLC  
Ref. Number: W17000004110

OFFICE RECEIVED  
17 JAN 24 AM 11:55

We have received your document for 10315 NW 9 STREET CIR UNIT 305, 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 make the correction(s) requested in our previous letter.

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: 717A00001345

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2017 JAN 24 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32310



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

CAPITAL CONNECTION, INC.

SUBJECT: 10315 NW 9 STREET CIR UNIT 305, LLC  
Ref. Number: W17000004110

RECEIVED  
DEPT. OF STATE  
17 JAN 23 PM 12:23

We have received your document for 10315 NW 9 STREET CIR UNIT 305, 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 make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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: 017A00001260

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2017 JAN 24 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

2017 JAN 24 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 18, 2017

CAPITAL CONNECTION, INC.

SUBJECT: 10315 NW 9 STREET CIR UNIT 305, LLC  
Ref. Number: W17000004110

We have received your document for 10315 NW 9 STREET CIR UNIT 305, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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: 417A00001035

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17 JAN 20 PM 12:25

EFFECTIVE DATE 01/18/17

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2017 JAN 24 AM 9:22

ARTICLES OF ORGANIZATION  
OF  
10315 NW 9 STREET CIRCLE UNIT 305, LLC.

SECRET  
TALLAHASSEE, FLORIDA

The undersigned, being the Member(s) and Organizer(s) of the Limited Liability Company hereby being formed under the Florida Statute 605, do hereby adopt the following Articles or Organization for the Limited Liability Company:

ARTICLE I:

The name of the Limited Liability Company is: 10315 NW 9 STREET CIRCLE UNIT 305, LLC.

ARTICLE II:

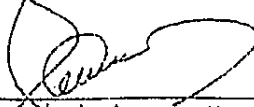
The mailing address and street address of the initial principal office of the limited Liability Company in Florida 2820 SW 100 Avenue, Miami, Florida 33165.

ARTICLE III:

The name of the initial registered agent and the registered office of the Limited Liability Company in Florida is as follows:

Eduardo A. Amorin, registered agent  
Address: 2820 SW 100 Avenue, Miami, Florida 33165.

*Having been named as registered agent and to accept service for 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 statutes relating to the proper and complete performances 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.*

  
Eduardo A. Amorin, Registered Agent

ARTICLE IV:

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

Title	Name	Address
AMBR	Eduardo A. Amorin	2820 SW 100 Avenue, Miami, Florida 33165
AMBR	Carmen Amorin	2820 SW 100 Avenue, Miami, Florida 33165
AMBR	Orlando L. Amorin	2820 SW 100 Avenue, Miami, Florida 33165

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2017 JAN 24 AM 9:22

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TALLAHASSEE  
FLORIDA

ARTICLE V:

The Effective Date is January 18, 2017.

ARTICLE VI:

This Document is executed in accordance with Section 605.0203 (1) (c), 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 *Section 817.155, F.S.*

IN WITNESS WHEREOF, the Member(s) has/(ve) executed and acknowledged these Articles of Organization on January 19, 2017.

Signed, sealed and delivered in the presence of:

[Signature]  
\_\_\_\_\_

[Signature]  
Eduardo A. Amorin, Managing Member  
2820 SW 100 Avenue  
Miami, Florida 33165

[Signature]  
\_\_\_\_\_

State of Florida

County of Miami-Dade

19 I HEREBY CERTIFY that the foregoing Articles of Organization was acknowledged before me this day of January, 2017, by Eduardo A. Amorin, Registered Agent and Managing Member who personally appeared before me at the time of notarization, and produced a Florida driver's license as identification and took an oath.

NOTARY PUBLIC  
My Commission Expires:

