

8/1/2018

**L18000/85023**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000223410 3)))



H180002234103ABCV

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 07535000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TA Consultants and Media Promotion LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2018 AUG - 1 PM 4: 13

REGISTRATION  
SERVICES  
INFORMATION SERVICES

2018 AUG - 1 AM 9: 18  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TA Consultants and Media Promotion LLC

(Must contain 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:**

257 Poinciana Island Dr.  
Sunny Isles Beach, FL 33160

**Mailing Address:**

257 Poinciana Island Dr.  
Sunny Isles Beach, FL 33160

**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:

Greg Capra

Name

257 Poinciana Island Dr.

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

Sunny Isles Beach FL 33160

City State 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.*

*Greg Capra*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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**ARTICLE IV-**

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

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

**Name and Address:**

Greg Capra  
257 Poinciana Island Dr.  
Sunny Isles Beach, FL 33160

AMBR

Nikolina Capra  
257 Poinciana Island Dr.  
Sunny Isles Beach, FL 33160

\_\_\_\_\_  
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(Use attachment if necessary)

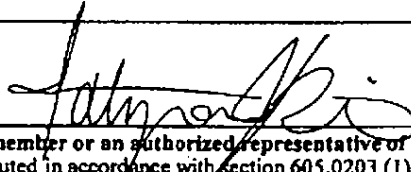
ARTICLE V: Effective date, if other than the date of filing: 08/01/18 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

Tatyana Kukuliyeva  
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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TALLAHASSEE, FL

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850-617-6381

7/31/2018 9:26:18 AM PAGE 1/001 Fax Server



July 31, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARES & COMPANY, CPA, PA

SUBJECT: HOMESTEAD SUCCULENTS CORP.  
REF: W18000069412

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and ~~refax~~ the complete document including the electronic filing cover sheet.

The registered agent must sign accepting the designation articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

Rochelle E Kemple  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000218637  
Letter Number: 018A00015686

Attached

850-617-6381

8/1/2018 9:29:12 AM PAGE 1/001 Fax Server



August 1, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARES & COMPANY, C.P.A., P.A.

SUBJECT: HOMESTEAD SUCCULENTS CORP  
REF: W18000069789

We have received your document for HOMESTEAD SUCCULENTS CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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) 245-6052.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H18000218637  
Letter Number: 518A00015787

Attached