

LOG000011724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

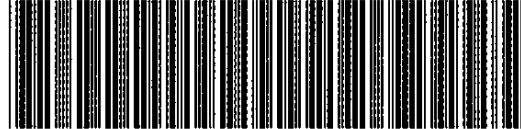
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06 DEC -8 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE
06 DEC -8 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name
1000 PONCE DE LEON BLVD. SUITE 101
Address
CORAL GABLES, FL 33134
City/State/Zip
(305) 444-4994
Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):
1. 10 Divine Powers LLC (Document #)
2. _____ (Document #)
3. _____ (Document #)
4. _____ (Document #)

☐ Walk in
☐ Mail out

☒ Pick up time
☐ Will wait

☐ Photocopy

☒ Certified Copy
☐ Certificate of

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/T
<input type="checkbox"/>	Change of Registered Age
<input type="checkbox"/>	Dissolution/Withdraw
<input type="checkbox"/>	Merger

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10 Divine Powers, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2800 WILLIAMS ISLAND Blvd
Nº 804
AVENTURA, FL 33160

Mailing Address:

2800 WILLIAMS ISLAND Blvd
Nº 804
AVENTURA, 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:

JACQUELINE RIPSTEIN

Name

2800 WILLIAMS ISLAND Blvd, Nº 804

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

AVENTURA, FL 33160

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JACQUELINE RIPSTEIN

2800 WILLIAMS ISLAND Blvd. N° 804
AVENTURA, FL. 33160

(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.)

REQUIRED SIGNATURE:

Jacqueline Ripstein
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jacqueline Ripstein
Typed or printed name of signer