

L12000008206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

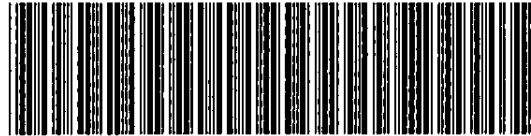
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/17/12--01056--008 **155.00

2012 JAN 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JAN 18 2012

EXAMINER

JANA L. ARMSTRONG, P.A.

LAW OFFICES
701 BRICKELL AVENUE, SUITE 1550
MIAMI, FLORIDA 33131

Tel: (305) 415-6642
Fax: (866) 230-6163

January 10, 2012

VIA OVERNIGHT DELIVERY

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: 1359 Normandy Drive LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above-referenced limited liability company, along with our firm check #1153 in the amount of \$155 for the filing fee and a certified copy of the filed articles.

Kindly return the certified copy of the articles in the Federal Express envelope provided, and direct any future correspondence to 1359 Normandy Drive LLC at the address indicated in the form cover letter enclosed herewith.

Please contact me should you have any questions regarding this filing.

Thank you.

Sincerely,



Jana L. Armstrong

Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1359 Normandy Drive 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:

Mario A. Garcia

Name of Person

1359 Normandy Drive LLC

Firm/Company

Carrera 50 No. 125-06 apto 401

Address

Bogota Colombia

City/State and Zip Code

mariointi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jana Armstrong

Name of Person

at (305) 415-6642

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1359 Normandy Drive 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:

Carrera 50 No. 125-06 apto 401
Bogota, Columbia

Mailing Address:

Carrera 50 No. 125-06 apto 401
Bogota, Columbia

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:

Jana L. Armstrong, PA

Name

701 Brickell Avenue, Suite 1550

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

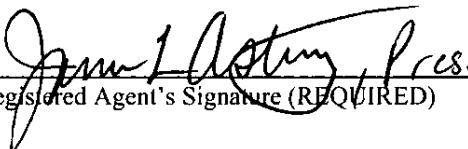
Miami,

FL 33131

City, State, and Zip

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SECRETARY OF STATE
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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Mario Antonio Inti Garcia Mutis

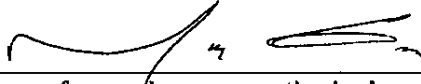
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TALLAHASSEE, FLORIDA

(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:

 26/12/2011
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. 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.)

Mario Antonio Inti Garcia Mutis

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)