

L15000072261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

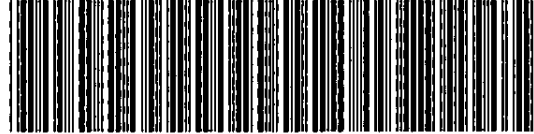
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

15 APR 21 PM 12:20

FILED

APR 24 2015

T. BROWN

~~115-24299~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amar La Vida 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:

Randall Stille

Name of Person

Firm/Company

2744 White Oak St

Address

Highlands Ranch, CO 80129

City/State and Zip Code

randystille@yahoo.com

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

For further information concerning this matter, please call:

Randall Stille

Name of Person

at (303)

Area Code

522-6699

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2015

RANDALL STILLE
2744 WHITE OAK ST
HIGHLANDS RANCH, CO 80129

SUBJECT: AMAR LA VIDA LLC
Ref. Number: W15000024299

RECEIVED
15 APR 21 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for AMAR LA VIDA 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000022988, AMAR LA VIDA INC.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 315A00006986

April 17, 2015

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: AMAR LA VIDA INC
Ref. Number: P15000022988

To whom it may concern:

We have no intention of revoking the attached dissolution of Amar La Vida Inc. The name may be released to another entity. The name Amar La Vida Inc was registered in error.

Regards,

A handwritten signature in black ink, appearing to read "Randall Stille", written in a cursive style.

Randall Stille, Treasurer & Registered Agent
Amar La Vida Inc
9450 S. Thomas Drive #1710
Panama City Beach, FL 32408
(303) 522-6699

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amar La Vida 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:

9450 S Thomas Drive
#1710
Panama City Beach, FL 32408

Mailing Address:

2744 White Oak St
Highlands Ranch, CO 80129

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:

Randall Stille

Name

9450 S Thomas Drive #1710

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

Panama City Beach FL 32408

City

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..


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:

AMBR

AMBR

Randall Stille

2744 White Oak St

Highlands Ranch, CO 80129

Darlene Fisher

2744 White Oak St

Highlands Ranch, CO 80129

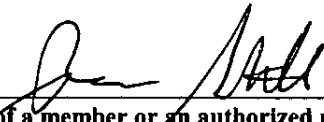
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203(1)(b), 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.)

Randall Stille

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)