

L03000003092

Jean Joseph

(Requestor's Name)

21915 Lake Forest Cir., Apt 202

(Address)

(Address)

Boca Raton, FL 33433

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Number

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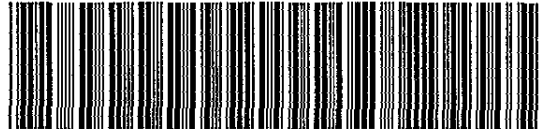
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Registration

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 27 PM 4:04

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Signature



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 14, 2003

JEAN JOSEPH
21915 LAKE FOREST CIR., APT 202
BOCA RATON, FL 33433

SUBJECT: DEVINE PROPERTY LC
Ref. Number: W03000001157

We have received your document for DEVINE PROPERTY LC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 403A00001873

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
DIVINE PROPERTY LC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
21915 LAKE FOREST CIR # 202 BOCA RATON, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JEAN JOSEPH

Name

21915 LAKE FOREST CIR # 202

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

BOCA RATON, FL 33433

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

(An additional article must be added if an effective date is requested)


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.)

JEAN JOSEPH

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

03 JAN 27 PM 4:04
FILED
TALLAHASSEE
FLORIDA