

L04000026662

(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



600030314106

03/12/04--01041--003 **70.00

04/02/04--01003--009 **55.00

L204/09/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -9 AM 8:29

6p

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Levine Enterprises, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

W04-11555

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Larry Levine
Name (Printed or typed)

4163 Open Way
Address

Cooper City, FL 33026
City, State & Zip

(954) 430-0934
Daytime Telephone number

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NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 23, 2004

LARRY LEVINE
4164 OPEN WAY
COOPER CITY, FL 33026

SUBJECT: LEVINE ENTERPRISES, LLC
Ref. Number: W04000011555

We have received your document for LEVINE ENTERPRISES, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and filing fee you submitted were for a corporation, but the entity is a limited liability company. Please complete and return the enclosed LLC form and this letter with a check for \$55.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 104A00019056

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DIVISION OF CORPORATIONS
04 APR -9 AM 8:29



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 2, 2004

LARRY LEVINE
4164 OPEN WAY
COOPER CITY, FL 33026

SUBJECT: LEVINE ENTERPRISES, LLC
Ref. Number: W04000011555

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR - 9 AM 8:29

We have received your document for LEVINE ENTERPRISES, 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):

Thank you for submitting the correct form and additional payment we requested. The form is missing the two signatures that are required.

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

The registered agent must sign accepting the designation.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A00021841

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Levine Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

4163 Open Way
Cooper City FL 33026

Mailing Address:

Same

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

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

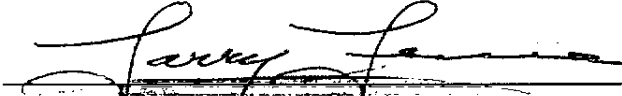
Larry Levine
Name

4163 Open Way

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

Cooper City FLORIDA 33026
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, Florida Statutes..


Registered Agent's Signature

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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:

MGR

Larry Levine
4163 10th Pen Way
Cooper City FL 33026

MGRM

Audrey Levine
4163 10th Pen Way
Cooper City FL 33026

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Larry Levine
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)

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