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(Re	equestor's Name)	·
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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2004 NOV - 1 PM 2: 23

TRANSMITTAL LETTER

TO: Registration Division o	n Section f Corporations		
SUBJECT:	Phenomenal Er	nterprises, LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
	Ms. Ja	nett B. Edwards	
		(Name of Person)	
		al Enterprises, LLC	22
		(Firm/Company)	2004 NOV - 1 PM 2: 23
	700 NW 14	11 Avenue, #207	SEE P
		(Address)	프유 2:
_	Pembroke	Pines, FL 33028	ATIONS ORIDA
	(City	/State and Zip Code)	
For further informat	ion concerning this matter, please	call:	
Jar	ett B. Edwards	at (
(N	ame of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	k for the following amount:		
J \$125.00 Filing F	ee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di 40	REET ADDRESS: gistration Section vision of Corporations DE. Gaines Street llahassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Phenomenal Enterp	orises, LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
700 NW 141 Avenue, #207	700 NW 141 Avenue, #207
Pembroke Pines, FL 33028	Pembroke Pines, FL 33028
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signature:
·	e registered agent are:
The name and the Florida street address of the	e registered agent are:
The name and the Florida street address of the Janett B. Ed Name	e registered agent are:
The name and the Florida street address of the Janett B. Ed Nam 700 NW 14	e registered agent are: dwards
The name and the Florida street address of the Janett B. Ed Nam 700 NW 14	dwards 1 Avenue, #207 address (P.O. Box <u>NOT</u> acceptable)
Nam 700 NW 14° Florida street a	te registered agent are: dwards ne 1 Avenue, #207 address (P.O. Box NOT acceptable) nes, FL 33028

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR .	Janett B. Edwards
	700 NW 141 Avenue, #207
	Pembroke Pines, FL 33028
	1-10
· ·	<u> </u>
(Use attachment if necessary) NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signatur of a me	mber or an authorized representative of a member.
• •	
of this document co	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
	Janett B. Edwards
•	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of C of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	