

LO5 000091875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

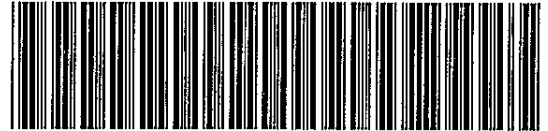
Special Instructions to Filing Officer:

9/12

FL LC

LO5-91875

Office Use Only



700059059257

09/12/05 - 01019 - 006 ++160.00

FILED

05 SEP 12 PM 3:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIR AUSTIN ART GALLERY, LTD. CO
(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:

AUREA MARRERO-CORTES / DANIEL AUSTIN
(Name of Person)

SIR AUSTIN INTERPRESSIONISM ART GALLERY
(Firm/Company)

5640 SW 37 STREET
(Address)

HOLLYWOOD, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL AUSTIN at (954) 326-9580
(Name of Person) (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

FILED
05 SEP 12 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIR AUSTIN ART GALLERY, LTD. Co

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

5640 SW 37 STREET
Hollywood, FL 33023

Mailing Address:

PO BOX 693098
MIAMI, FL, 33269

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:

AURORA MARRERO-CORTES
Name

5640 SW 37 STREET

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

Hollywood FL, 33023

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..

Aurora Marrero-Cortes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
05 SEP 12 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

"MGR"

Name and Address:

DANIEL AUSTIN

5640 SW 37 Street

Hollywood, FL 33023

(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:



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.)

DANIEL AUSTIN

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)

FILED
05 SEP 12 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA