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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alcyone Technologies, 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:

Ricardo Reyes

(Name of Person)

The Sob Law Group, P.A.

(Firm/Company)

915 Middle River Drive, Suite 304

(Address)

Fort Lauderdale, Florida 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Reyes

(Name of Person)

at (954) 567-1776

(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

ARTICLES OF ORGANIZATION OF
ALCYONE TECHNOLOGIES, LLC

ARTICLE I

The name of the limited liability company is:

Alcyone Technologies, LLC

ARTICLE II

The mailing address and the street address of the principal office of the limited liability company is:

Mailing Address:

1919 NW 19th Street
Suite 625
Fort Lauderdale, Florida 33311

Street Address:

1919 NW 19th Street
Suite 625
Fort Lauderdale, Florida 33311

ARTICLE III

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

Oscar E. Soto, Esq.
The Soto Law Group, P.A.
915 Middle River Drive, Suite 304
Fort Lauderdale, Florida 33304
(954) 567-1776
(954) 567-1778 Facsimile

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.


Oscar E. Soto, Esquire

ARTICLE IV

The name and address of each Managing Member is as follows:

Title:

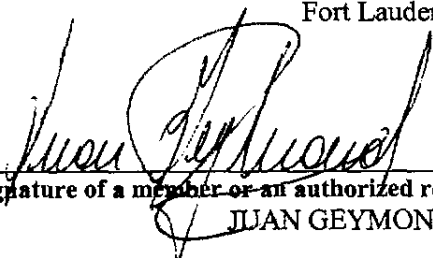
MGRM

Name and Address:

Juan Geymonat
1919 NW 19th Street
Suite 625
Fort Lauderdale, Florida 33311

MGRM

Rosa Bolivar
1919 NW 19th Street
Suite 625
Fort Lauderdale, Florida 33311



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

(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.)

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