

W6000035402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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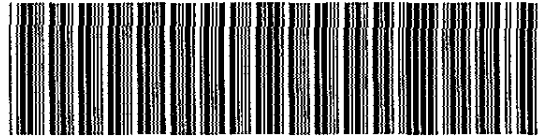
(Business Entity Name)

(Document Number)

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W6-35402
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2006

DYLAN PUKEL
434 ARAGON AVE
CORAL GABLES, FL 33134

SUBJECT: THOMAS PUKEL P.L.
Ref. Number: W06000015092

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

The specific purpose of the entity must be set forth in the document.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 006A00021335

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Pukel P.L.
(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:

Dylan Pukel

(Name of Person)

Edgewater P.L.

(Firm/Company)

434 Aragon Ave.

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Dylan Pukel at (786) 380-3230
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I: Name

The Name of the Professional Limited Liability Corporation shall be **Thomas Pukel P.L.**

Article II: Address

The Address of the Principal Office of **Thomas Pukel P.L.** is

434 Aragon Ave.
Coral Gables, FL 33134.

The Mailing Address of **Thomas Pukel P.L.** is

434 Aragon Ave.
Coral Gables, FL 33134.

Article III: Purpose

The Purpose of this Professional Limited Liability Corporation shall be the Practice of Law.

Article IV: Registered Agent

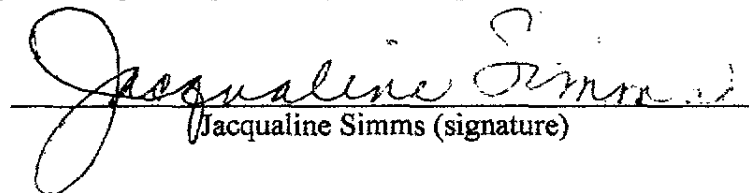
The name and the Florida street address of the registered agent are:

Jacqueline Simms

7059 SW 53 LN

Miami, FL 33134

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..


(Jacqueline Simms (signature))

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Article V: Manager(s) and/or Managing Member(s)

Name and Address

Title:

"MGR" = Manager

"MGRM" = Managing Member

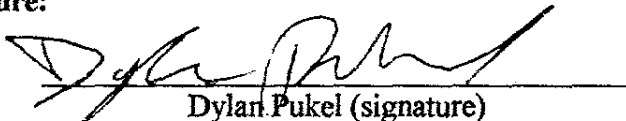
MGMR

Dylan Pukel
434 Aragon Ave
Coral Gables, FL 33134

MGMR

Zamani Thomas
6429 Cowpen Rd. S-U114
Miami, FL 33014

Required Signature:


Dylan Pukel (signature)

(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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TALLAHASSEE, FLORIDA