

LD60000047770

(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:

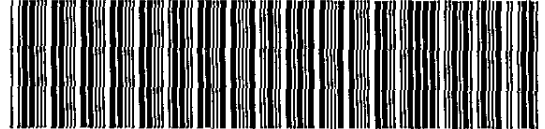
eff. date to old (415)

FL UC

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W06-18722



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04/17/06--01046--004 **125.00

EFFECTIVE DATE
4/17/06

06 APR 17 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Hestia 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.

William Westbrook

(Name of Person)

(Firm/Company)

4141 NE 2nd Ave Suite 101E

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

William Westbrook

(Name of Person)

at

203 554 0122

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2006

WILLIAM WESTBROOK
4141 NE 2ND AVENUE, STE. 101E
MIAMI, FL 33137

EFFECTIVE DATE

SUBJECT: HESTIA LLC
Ref. Number: W06000018722

We have received your document for HESTIA 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 17, 2006. Please amend your document accordingly.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 406A00027151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hestia LLC**EFFECTIVE DATE**
4/17/06

(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:**Mailing Address:**4141 NE 2nd Ave Suite 101E Same
Miami, FL 33137**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:

William Westbrook
Name
4141 NE 2nd Ave Suite 101E
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33137
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.

William Westbrook
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

06 APR 17 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

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

Manager**Name and Address:**NUR BIROL
~~5 Lewis St~~
4141 NE 2nd Ave Suite 101E
Miami, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/17/06 MB (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:NUR BIROL

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.)

NUR BIROL

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 PM 3:32

APPROVED
AND
FILED