

L070000061196

(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:

W07-25744

Office Use Only



400103282314

05/29/07--01044--031 \*\*160.00

2007 JUN -8 P 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2007

MICHELLE MCCONNELL  
3120 WOOD PATH CT.  
KISSIMMEE, FL 34746

SUBJECT: OLIVIER ENTERPRISE LLC  
Ref. Number: W07000025744

FILED  
2007 JUN -8 P 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 707A00037151

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Olivier Enterprise 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:

Michelle McConnell  
(Name of Person)

LPS. LLC  
(Firm/Company)

3120 Wood Path Ct  
(Address)

Kissimmee FL 34746  
(City/State and Zip Code)

2007 JUL -8 P 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Michelle McConnell at 407, 401 4307  
(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 Limited Liability Company is:

Olivier Enterprise LLC

(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:

3120 Wood Path Ct  
Kissimmee FL 34746

### Mailing Address:

PO Box 818  
Intercession City  
FL 33848-0818

## 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:

P. Michelle McConnell  
Name

3120 Wood Path Ct  
Florida street address (P.O. Box NOT acceptable)

Kissimmee FL 34746  
City, State, and Zip

FILED  
JUN - 8 P 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

**Name and Address:**

MGR

P. Michelle McConnell

PO BOX 878

Intercession City FL 33848-0878

MGR

Daniel Oquendo

PO Box 878

Intercession City FL 33848-0878

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(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.)

P. Michelle McConnell

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)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL - 8 P 2:03

FILED