

207000072270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

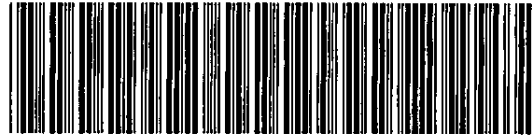
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/30/07--01026--001 **160.00

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2007

JOHNNU ARMAND
3429 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311

SUBJECT: LAGONAVE ECONOMIC DEVELOPMENT GROUP, "LLC",
(LAGEDG "LLC")
Ref. Number: W07000026853

We have received your document for LAGONAVE ECONOMIC DEVELOPMENT GROUP, "LLC", (LAGEDG "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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this 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) 245-6949.

RUSSELL L HUNT
Document Specialist

Letter Number: 607A00038565

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: La Gonave Economic Development Group, 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:

Johnny Armand

(Name of Person)

La Gonave Economic Development Group, LLC.

(Firm/Company)

3429 West Oakland Park Blvd.

(Address)

Lauderdale Lakes, Florida 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnny Armand

(Name of Person)

at (312) 330-1120

(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:

La Gonave Economic Development Group, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

3429 West Oakland Park Blvd.
Lauderdale Lakes, Florida 33311

Mailing Address:

P.O. Box 6055
Fort Lauderdale, Florida 33310

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:

Johnny Armand

Name

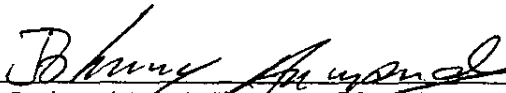
2800 Somerset Dr. Unit 109

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

Lauderdale Lakes, Florida 33311

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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La Gonave Economic Development Group

MGRM

Ruben Lariviere
14325 NW. 3rd Ave.
Miami, FL. 33168

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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

Name and Address:

MGR

Johnny Armand

2800 Somerset Dr. Unit 109

Lauderdale Lakes, Florida 33311

MGRM

Hermin Exilus

6307 SW 2nd Street

Margate, Florida 33068

MGRM

Gerard R. Carre

410 SW 75 Way

North Lauderdale, Florida 33068

MGRM

Lesly A. Charles

2800 Somerset Dr. Unit 109

Lauderdale Lakes, Florida 33311

(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.)

HERMIN EXILUS

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)

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