

L08000054063

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000142227 3)))



H080001422273ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

harmony partnerships, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
08 JUN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN -2 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUN -3 2008

H0800014227

③

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

HARMONY PARTNERSHIPS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

105 N.E. 12TH AVENUE #15

SAME

HALLANDALE BEACH, FL 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

ANTON P. GOMBAC

Name

105 N.E. 12TH AVENUE #15

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

HALLANDALE BEACH, FL 33009

City, State and Zip

Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.

X

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
08 JUN -2 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H0800014227

408000142227

ARTICLE IV - Manager(s) of 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:

MGRM

ANTON P. GOMBAC

105 N.E. 12TH AVENUE, #15

HALLANDALE BEACH, FL 33009

MGRM

ROSA GOMBAC

105 N.E. 12TH AVENUE, #15

HALLANDALE BEACH, FL 33009

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X 
Signature of 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.)

ANTON P. GOMBAC
Typed or printed name of signer

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)

FILED
08 JUN -2 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

408000142227