

L 080000 65660

(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:

W08-30674

Office Use Only



100131344721

06/23/08--01023--009 **125.00

FILED

08 JUL -8 PM 12:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miamiprop Five LLC
(Name of Limited Liability Company)

FILED
08 JUL -8 PM 12:35
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candy Morrison
(Name of Person)

Able Advisory INC.
(Firm/Company)

700 Eleventh Street South, PH2
(Address)

Naples, FL 34102-6777
(City/State and Zip Code)

For further information concerning this matter, please call:

Candy Morrison at (239) 430-4310
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2008

CANDY MORRISON
700 ELEVENTH STREET SOUTH, PH2
NAPLES, FL 34102-6777

SUBJECT: MIAMIPROP FIVE LLC
Ref. Number: W08000030674

We have received your document for MIAMIPROP FIVE 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):

The forms submitted appear to be computer printouts of the electronic filing page from our website. Enclosed are the forms that must be completed and filed by mail.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 608A00038343

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Miamiprop Five LLC

FILED
08 JUL - 8 PM 12:35
TALLAHASSEE, FLORIDA

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ☒ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- ☒ Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval

RECEIVED
08 JUL - 8 AM 10:04
TALLAHASSEE, FLORIDA

Signature

Requested by: *Leth*

Name Date Time

Walk-In Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miamiprop Five 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:

Mailing Address:

700 Eleventh Street South
PH 2
Naples, FL 34102

Same

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:

Able Advisory INC.

Name

700 Eleventh Street South, PH 2

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

Naples FL 34102

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..

CB Morrison - Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
08 JUL -8 PM 12:35
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR.

Bison Court, AOMAC Limited
Bison Road, Road Town
Tortola, British Virgin Islands

(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:

For and on behalf of AOMAC Limited

C. B. Morrison

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.)

Candace B. Morrison

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)