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T. HAMPTON  
SEP 14 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Momentum Realty 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:

Anne Marie Miles  
Name of Person

19821 NE 2nd Ave, #364  
Firm/Company  
Address

Miami Gardens, FL 33169  
City/State and Zip Code

floridaflemingo\_1@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Miles at (305) 978-8955  
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:

Momentum Realty Group L.L.C  
(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:

19821 NE 2<sup>nd</sup> Ave  
Suite 364  
Miami Gardens, FL 33169

#### Mailing Address:

19821 NE 2<sup>nd</sup> Ave  
Suite 364  
Miami Gardens, FL 33169

### 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:

Jane Marie Miles  
Name  
19821 NE 2<sup>nd</sup> Ave, #364  
Florida street address (P.O. Box **NOT** acceptable)  
Miami Gardens FL 33169  
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..*

Cecilia Miles  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Anne Marie Miles  
19821 NE 2nd Ave # 364  
Miami Gardens, FL 33169

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(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:**

Anne Marie Miles

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.)

Anne Marie Miles

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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