

L09000093208

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

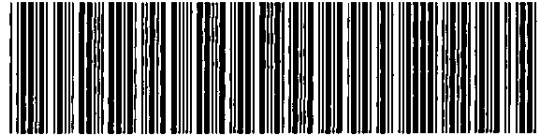
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 25 PM 2:46

T. HAMPTON

SEP 28 2009

EXAMINER

566-6075

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECOZINE 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:

MARIA CHERCOLES  
Name of Person

ECOZINE LLC.  
Firm/Company

PO BOX 190299  
Address

MIAMI, FL 33119  
City/State and Zip Code

editor@TheEcozine.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA CHERCOLES at (305) 984-9968  
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

**Registration Section**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sept. 4, 2009

**To Whom it May Concern:**

Attached you will find the articles of incorporation for **ECOZINE LLC**. I've checked your records with Sunbiz.org and the name is available.

Should you have any questions, feel free to reach me. This is my contact information:

**Name:** Maria Chercoles  
**E-mail:** [editor@theecozine.com](mailto:editor@theecozine.com)  
**Phone number:** 305-984-9968  
**Address:** PO Box 190299  
Miami Beach, FL 33119

Sincerely,

Maria Chercoles  
Editor and publisher  
Ecozine LLC.  
[editor@theecozine.com](mailto:editor@theecozine.com)  
[www.theecozine.com](http://www.theecozine.com)

Florida Department of State  
Divisions of Corporations  
PO Box 6327, Tallahassee, FL 32314

Dear regulatory specialist,

I'm sending here the revised documents with the proper mailing address and a copy of the letter notifying me the mistake (letter number **009A00030074**).

Please note the addition of a **MGRM**. I was told by phone this would not be a problem since the document hasn't been filed yet.

Sincerely,

Maria Chercoles  
305-984-9968



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 SEP 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 11, 2009

MARIA CHERCOLES  
P O BOX 190299  
MIAMI, FL 33119

SUBJECT: ECOZINE LLC  
Ref. Number: W09000040775

We have received your document for ECOZINE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 009A00030074

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ecozine 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:

2147 SW 8th Street, Suite 2  
Miami, FL 33135

#### Mailing Address:

PO Box 190299  
Miami, FL 33119

### 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:

Maria Chercoles

Name

2147 SW 8th Street, Suite 2

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

Miami, FL 33135 FL

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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DIVISION OF CORPORATIONS  
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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

**Name and Address:**

MGR

Maria Chercoles

2147 SW 8th Street, Suite 2

Miami, FL 33135

MGRM

Leslie Goldberg

2147 SW 8th Street, Suite 2

Miami, FL 33135

(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.)

Maria Chercoles

\_\_\_\_\_  
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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DIVISION OF CORPORATIONS