

L09000109444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED AVENTURA, INVESTMENT CLUB
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:

LUC CHARLES

Name of Person

UNITED AVENTURA, INVESTMENT CLUB LLC

Firm/Company

PO BOX 690688

Address

ORLANDO FL 32869

City/State and Zip Code

GAGOO143@JUNO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUC CHARLES

Name of Person

at (**407**) **591-0141**

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

October 29, 2009

LUC CHARLES
P.O. BOX 690688
ORLANDO, FL 32869

SUBJECT: UNITED AVENTURA, INVESTMENT CLUB LLC.
Ref. Number: W09000048252

We have received your document for UNITED AVENTURA, INVESTMENT CLUB 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 509A00034327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNITED AVENTURA, INVESTMENT CLUB 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:

728 PARROT CT
KISSIMMEE FLORIDA 34749

Mailing Address:

728 PARROT CT
KISSIMMEE FLORIDA 34749

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:

MASSILLON CHARLES

Name

728 PARROT CT

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

KISSIMMEE 34759 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..

Massillon Charles

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

LUC CHARLES

2024 Cabo San Lucas Dr

Orlando FL 32839 APT 202

MGRM

MASSILLON CHARLES

728 Parrot Ct

Kissimmee FL 34759

MGRM

Velas Mezier

3804 Indian Wood Rd

Orlando FL 32808

MGRM

Alexandre Elinord

907 South Rio Grande Avenue

Orlando FL 32805

(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.)

MASSILLON CHARLES

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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09 NOV 12 PM 8:36
SECRETARY OF STATE
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:

MGRM

GARLANDE BOURDEAU

4813 TYLER LAKE CT

ORLANDO FL 32839

MGRM

JHONY BELIAS

5692 GRAND CANYON DR

ORLANDO FL 32810

MGRM

SAINTYR ATTANDIEU

2959 WOOL RIDGE DR

ORLANDO FL 32837

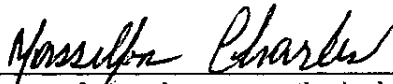
MGRM

(Use attachment if necessary)

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