

# L09000112305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

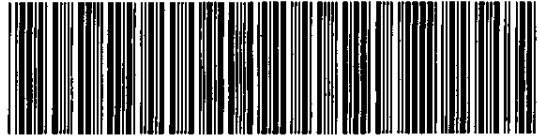
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 23 2009

EXAMINER

**Maria Patricia Somarriba  
561 Allendale Rd.  
Key Biscayne, FL 33149**

**Daytime cell 786-399-3532**

**November 17, 2009**

**Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Ref: Articles of Incorporation for The Concierge Experience, LLC**

**Please let me know if any further information is required.**

**Sincerely,**

A handwritten signature in cursive script, appearing to read "Maria Patricia Somarriba".

**Maria Patricia Somarriba**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Concierge Experience, 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 Patricia Somarriba

Name of Person

The Concierge Experience LLC

Firm/Company

561 Allendale Road

Address

Key Biscayne FL 33149

City/State and Zip Code

soma1780@bellsouth.net

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

For further information concerning this matter, please call:

Maria P. Somarriba at 786 399 3532

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:

The Concierge Experience 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:

561 Allendale Rd  
Key Biscayne FL 33149

#### Mailing Address:

561 Allendale Rd  
Key Biscayne FL 33149

### 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:

Ana C. Somarriva  
Name

750 Allendale Road

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

Key Biscayne FL 33149  
City, State, and Zip

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*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.*

Ana Somarriva

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Maria Patricia Somarriba  
561 Allendale Road  
Key Biscayne FL 33149

MGRM

Ana C. Somarriba  
750 Allendale Road  
Key Biscayne FL 33149

\_\_\_\_\_

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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:**

Ana Somarriba

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.)

Ana C. Somarriba

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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