L11000004768

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J. SAULSBERRY EXAMINER JAN 1 2 2011

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Germond Celestin Invest	ments LLC	
	Name of Limited L	iability Company	
The en	closed Articles of Organization and fee(s) are sub-	nitted for filing.	
Please	return all correspondence concerning this matter to	the following:	
	Germond Celestin		
		ne of Person	
	Germond Celestin Investmen		
	ŀιπ	n/Company	ai. 2
	5348 NW 119th Terrace		
		Address	
(Coral Springs, FL 33076		
	City/Sta germondcelestin@yahoo.com	te and Zip Code	PLORIDE 21
<u>_'</u>	E-mail address: (to be used for fu	ture annual report notification)	一部。
For furt	ther information concerning this matter, please call	:	Ş amı
Germ	nond Celestin	954 33666859	
	Name of Person	Area Code & Daytime Telephone Nu	mber
Enclose	ed is a check for the following amount:		
] \$125.00	Certificate of Status	Certified Copy Certifical Copy is enclosed) Certifical Copy is enclosed)	00 Filing Fee, cate of Status & ed Copy nal 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

A	RT	Γ	.E.	I _ `	Ňя	me	١.

The name of the Limited Liability Company is:

Germond Celestin Investments 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:	Maning Address:	
5348 NW 119th Terrace	5348 NW 119th Terrace	
Coral Springs	Coral Springs	,
Florida 33076	Florida 33076	2011
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an in	nt's Signature: ≥ 1
Germond Celestin		音型 2
Ŋ	Name	
5348 NW 119t	h Terrace	
Florida stre	et address (P.O. Box NOT acceptable)	
Coral Springs	_{FL} 33076	
Ci	ty, 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)

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:
Manager	Germond Celestin 5348 NW 119th terrace Coral Springs, FL 33076
	ZOLL AND THE
	NATIONALIS 27
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mer	nber of an authorized representative of a member.
constitutes an affirmation un I am aware that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Germond.C	
	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)