

#L11000013104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

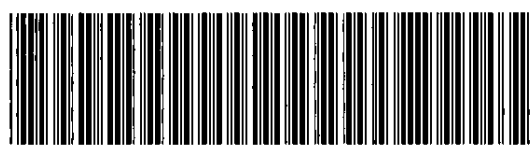
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/10--01024--025 **185.00

FILED
11 JAN 31 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 1 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2010

NORA HERNANDO INC.
NORA HERNANDO
10801 STARKEY RD., STE. 104-302
SEMINOLE, FL 33777

SUBJECT: NORA HERNANDO INC.
Ref. Number: P07000135378

We have received your document for NORA HERNANDO INC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 610A00028555

1-26-11

Please apply \$185 check to filing of new
LLC - will leave prior corporation inactive.

Thanks,
Nora Hernandez

January 26, 2011

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

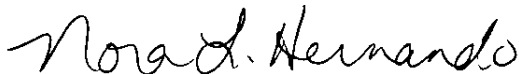
RE: Cover letter for Nora L. Hernando, LLC

Please accept this cover letter for the formation of the above entity. The Articles of Organization are attached.

Please apply the previously sent \$185 check from 11/30/10 (see attached copy,) which I sent when I was attempting to convert my prior corporation (currently inactive) into a LLC. I am leaving that corporation inactive for now.

If you have any questions, please do not hesitate to contact me at 727-804-8569, or 863-557-4976.

Thank you,

A handwritten signature in black ink that reads "Nora L. Hernando". The signature is written in a cursive, flowing style.

Nora L. Hernando
10801 Starkey Rd., Suite 104-302
Seminole, FL 33777

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nora L. Hernando 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:

Nora L. Hernando

Name of Person

Nora L. Hernando LLC

Firm/Company

10801 Starkey Rd., Suite 104-302

Address

Seminole, FL 33777

City/State and Zip Code

noracnm@gmail.com

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

For further information concerning this matter, please call:

Nora L. Hernando

Name of Person

at (727) 804-8569

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)
- see copy of check attached*

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:

Nora L. Hernando, 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:

10801 Starkey Rd., Suite 104-302
Seminole, FL 33777

Mailing Address:

10801 Starkey Rd., Suite 104-302
Seminole, FL 33777

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:

Nora L. Hernando

Name

7303 Columns Circle

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

Seminole

FL 33777

City, State, and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Nora L. Hernando

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:

MGR

Nora L. Hernando

10801 Starkey Rd., Suite 104-302

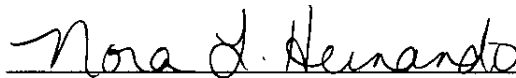
Seminole, FL 33777

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nora L. Hernando

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)