

L11 000127308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

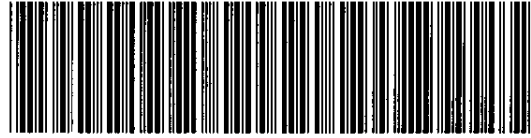
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

NOV - 8 2011

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV - 7 PM 3:56

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2011

MELBA POPA/LUIS POPA
1636 SW 6TH DRIVE
POMPANO BEACH, FL 33060

SUBJECT: TIMECATERERS PERSONAL CONCIERGE LLC
Ref. Number: W11000054591

We have received your document for TIMECATERERS PERSONAL CONCIERGE 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 24, 2011. Please amend your document accordingly.

Only one person can be listed as registered agent.,

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 311A00024341

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Timecaterers Personal Concierge 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:

Melba Popa/Luis Popa

Name of Person

Timecaterers Personal Concierge LLC

Firm/Company

1636 sw 6th drive

Address

Pompano Beach, FL 33060

City/State and Zip Code

info@timecaterers.com

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

For further information concerning this matter, please call:

Melba Popa

Name of Person

at (786)

925-5491

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Time Caterers Personal Concierge 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:

1636 SW 6th Dr
Pompano beach, FL 33060

Mailing Address:

1636 SW 6th Dr
Pompano beach, FL 33060

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:

Meiba Pope
Name

1636 SW 6th Dr
Florida street address (P.O. Box **NOT** acceptable)

Pompano beach FL 33060
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..

Meiba Pope
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:

President

Meiha Popa
1636 SW 6th Dr.
Pompano beach, FL 33060

Vice-President

Luis Popa
1636 SW 6th Dr.
Pompano beach, FL 33060.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11.25.11. (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.)

Meiha Popa
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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