

L11000142734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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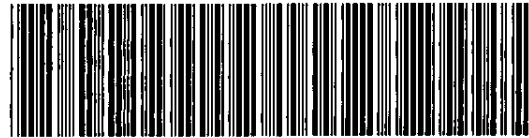
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 DEC 20 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
DEC 21 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco-Sublimes International, 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:

Constance Stanley

Name of Person

Eco-Sublimes International, LLC

Firm/Company

1835 E. Hallandale Beach, Blvd #169

Address

Hallandale Beach, Florida 33009

City/State and Zip Code

ecosublimesinternational@gmail.com

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

For further information concerning this matter, please call:

Constance Stanley

Name of Person

at (786) 277-5572

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:

Eco-Sublimes International, 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:

1835 E. Hallandale Beach Blvd

#169

Hallandale Beach, Florida 33009

Mailing Address:

1835 E. Hallandale Beach

#169

Hallandale Beach, Florida 33009

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:

Constance Stanley

Name

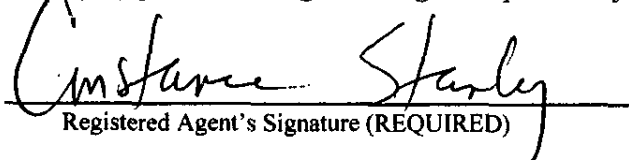
1835 E. Hallandale Beach #413

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

Hallandale Beach FL 33009

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.


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:

Danielle Charles, MGR

5245 N.W. 74th terrace

Lauderhill, Florida 33319

Constance Stanley, MGR

1835 E. Hallandale Beach Blvd

#413

Hallandale Beach, Florida 33009

Michael Sostre, MGR

10201 N.W. 24th Avenue

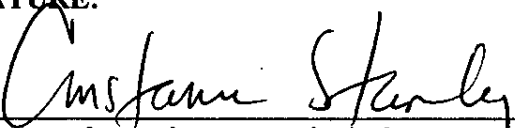
Miami, Florida 33147

(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.)

Constance Stanley

Typed or printed name of signer

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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SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED