

L12000017481

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12 MAR -9 AM 10:14

MAR 12 2012

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHERRY MARIA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO J. COUCELO

Name of Person

PERRY AND ASSOCIATES LLC

Firm/Company

1130 SOUTH MILITARY TRAIL

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

AJCOUCELO@PERRY-CPA.COM

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

For further information concerning this matter, please call:

MONNIR YACOB

Name of Person

at ( 609 )

432-3834

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000017481  
FILED 8:00 AM  
February 06, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:

SHERRY MARIA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

7644 LOST RIVER ROAD  
STUART, FL. US 34997

The mailing address of the Limited Liability Company is:

7644 LOST RIVER ROAD  
STUART, FL. US 34997

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

MONNIR YACOUNB  
7644 LOST RIVER ROAD  
STUART, FL. 34997

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.

Registered Agent Signature: MONNIR YACOUNB

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## Article V

The name and address of managing members/managers are:

Title: MGRM  
MONNIR YACoub  
7644 LOST RIVER ROAD  
STUART, FL. 34997 US

Title: MGRM  
GAMILA YACoub  
7644 LOST RIVER ROAD  
STUART, FL. 34997 US

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## Article VI

The effective date for this Limited Liability Company shall be:

02/03/2012

Signature of member or an authorized representative of a member

Electronic Signature: ARNALDO J. COUCELO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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