

L12000028973

(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



300222403753

02/20/12--01017--004 **160.00

FILED
2012 FEB 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 29 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2012

MIGUEL ANDRE
4150 LOOKING GLASS LN, UNIT 3
NAPLES, FL 34112

SUBJECT: LENDING HANDS 2, LLC
Ref. Number: W12000010118

We have received your document for LENDING HANDS 2, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as registered agent.,

The registered agent must sign accepting the designation.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 212A00007543

2012 FEB 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LENDING HANDS 2, 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:

MIGUEL ANDRE

Name of Person

LENDING HANDS 2, LLC

Firm/Company

4150 LOOKING GLASS LN, UNIT 3

Address

NAPLES, FLORIDA 34112

City/State and Zip Code

mglandre@yahoo.com

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

For further information concerning this matter, please call:

MIGUEL ANDRE

Name of Person

at (786) 372-1254

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

2012 FEB 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LENDING HANDS 2, 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:

4150 LOOKING GLASS LN
UNIT 3
NAPLES, FLORIDA 34112

Mailing Address:

4150 LOOKING GLASS LN
UNIT 3
NAPLES, FLORIDA 34112

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:

MIGUEL ANDRE

Name

4150 LOOKING GLASS LN, #3

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

NAPLES

FL 34112

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)

FILED
2012 FEB 28 PM 1:10
SECRETARY OF STATE
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:

MIGUEL ANDRE, MGR

4150 LOOKING GLASS LN

UNIT 3

NAPLES, FLORIDA 34112

JOHANNE PIERRE, MGRM

4150 LOOKING GLASS LN

UNIT 3

NAPLES, FLORIDA 34112

(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.)

MIGUEL ANDRE

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)

FILED
2012 FEB 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA