

L12000031772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

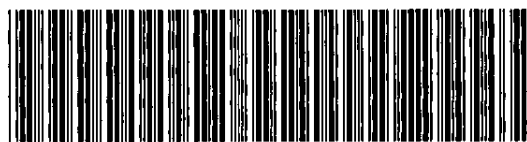
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Special Instructions to Filing Officer:

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03/05/12--01005--001 \*\*51.25

02/06/12--01010--014 ~~\*\*78.00~~  
78.75

RECEIVED  
DIVISION OF CORPORATIONS  
12 MAR -5 AM 11:18

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2012

NICOLE A. WATERS  
1000 MICHIGAN AVE. #503  
MIAMI BEACH, FL 33139

SUBJECT: NICOLE A. WATERS  
Ref. Number: W12000007434

We have received your document for NICOLE A. WATERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00005263



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2012

NICOLE A. WATERS  
1000 MICHIGAN AVE. #503  
MIAMI BEACH, FL 33139

SUBJECT: NICOLE A. WATERS  
Ref. Number: W12000007434

We have received your document for NICOLE A. WATERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00005263

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NICOLE  
WATERS  
CAREER  
NAVIGATOR

February 27, 2012

To Whom It May Concern,

Enclosed is my revised paperwork for Nicole A. Waters, L.L.C.  
I have a credit of \$78.75 with you from my last attempt to process my documents and  
therefore you will find a check for the balance of \$51.25 to complete my paperwork as a  
Limited Liability Company.

Would you please contact me with confirmation my EIN # will remain the same and that  
all paperwork is correctly filed?

Thank you for your time and assistance,

*Nicole Waters*

Nicole Waters  
Careen Navigator

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Nicole A. Waters, L.L.C.**

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:

Nicole Waters

Name of Person

Nicole A. Waters, L.L.C.

Firm/Company

1000 Michigan Ave. #503

Address

Miami Beach, Florida 33139

City/State and Zip Code

nicole@nicoleawaters.com

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

For further information concerning this matter, please call:

Nicole Waters

Name of Person

at ( 786 ) 302-0350

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Nicole A. Waters, L.L.C.

(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:**

1000 Michigan Ave. #503  
Miami Beach, Florida 33139

**Mailing Address:**

1000 Michigan Ave. #503  
Miami Beach, Florida 33139

**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:

Nicole Waters

Name

1000 Michigan Ave. #503

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

Miami Beach FL 33139

City, State, and Zip

12 MAR - 5 AM 11:18

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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..*

Nicole Waters

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:**

Manager

Nicole A. Waters

1000 Michigan Ave. #503

Miami Beach, Florida 33139

(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.)

Nicole Waters

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)**