

L12090064935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

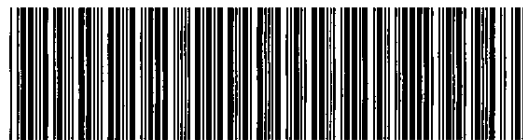
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900234652079

EFFECTIVE DATE 05-09-12

05/09/12--01022--017 **125.00

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12 MAY 10 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOW Para Professionals, 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:

Ramona Oquendo

Name of Person

NOW Para Professionals, LLC

Firm/Company

3564 Avalon Park Blvd., Suite 1-107

Address

Orlando, FL 32828

City/State and Zip Code

rpoquendo@gmail.com

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

For further information concerning this matter, please call:

Ramona Oquendo

Name of Person

at (407) 273-0149

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:

NOW Para Professionals, 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:

3564 Avalon Park Blvd., Ste 1-107
Orlando, FL 32828

Mailing Address:

3564 Avalon Park Blvd., Ste 1-107
Orlando, FL 32828

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:

Ramona Oquendo

Name

14608 Cablesire Way

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

Orlando

FL 32824

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Ramona Oquendo
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:

MGR

Ramona Oquendo

14608 Cablesire Way

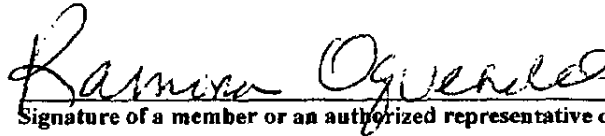
Orlando, FL 32824

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CLERK OF CIRCUIT COURT
JULIA HASTON, CLERK
ORLANDO, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/9/12 (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.)

Ramona Oquendo

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2012

RAMONA OQUENDO
3564 AVALON PARK BLVD.
SUITE A-107
ORLANDO, FL 32828

SUBJECT: NOW PARA PROFESSIONALS, LLC
Ref. Number: W12000026369

We have received your document for NOW PARA PROFESSIONALS, LLC and your check(s) totaling \$125.00. 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 May 9, 2012. Please amend your document accordingly.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00014139