

L1200006661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

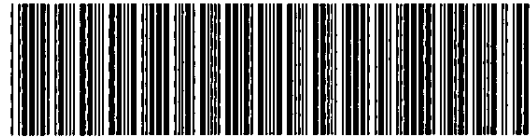
Special Instructions to Filing Officer:

B. KOHR

MAY 17 2012

EXAMINER

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U.S. DEPT. OF JUSTICE
DIVISION OF POST OFFICIALS
12 MAY 16 PM 2:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIVAS BROTHERS

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:

YOEL VIVAS

Name of Person

Firm/Company

15115 MICHELANGELO BLVD APT 208

Address

DELRAY BEACH, FL 33446

City/State and Zip Code

YOELMD@YAHOO.COM

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

For further information concerning this matter, please call:

YOEL VIVAS

Name of Person

at (203) 8240481

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

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
12 MAY 16 PM 2:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIVAS BROTHERS 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:

15115 MICHELANGELO BLVD
APT 208
DELRAY BEACH, FL 33446

Mailing Address:

15115 MICHELANGELO BLVD
APT 208
DELRAY BEACH, FL 33446

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:

NEOMI VIVAS

Name

100 BAY VIEW DRIVE APT 1515

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

SUNNY ISLES FL 33160

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)

12 MAY 16 PM 2:15
SUNNY ISLES, FL 33160
VIVAS BROTHERS LLC

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

YOEL VIVAS

15115 MICHELANGELO BLVD STE 208
DELRAY BEACH, FL 33446

MGRM

FREDDY VIVAS

100 BAY VIEW DR APT 1608
SUNNY ISLES, FL 33160

MGRM

BENJAMIN VIVAS

100 BAY VIEW DR APT 1515
SUNNY ISLES, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-9-2012 (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.)

YOEL VIVAS

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)