

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

50301

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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12 MAY 22 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 MAY 22 PM 2:58
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PADDLE FOR A SMILE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

K. SALY
EXAMINER
MAY 23 2012

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADDLE FOR A SMILE, 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:

FERNANDA LUFT MATIVI PALMEIRO and/or FERNANDA MELLO
Name of Person

PADDLE FOR A SMILE, LLC
Firm/Company

2000 TOWERSIDE TERRACE, #1512
Address

MIAMI, FLORIDA, 33138
City/State and Zip Code

IBFERNANDA@HOTMAIL.COM - ibfernanda@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernanda Palmeiro at (786) 942-9332
Name of Person 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PADDLE FOR A SMILE, 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:

2000 TOWERSIDE TERRACE, #1512
MIAMI, FL 33138

Mailing Address:

2000 TOWERSIDE TERRACE, #1512
MIAMI, FL 33138

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:

PETER J YANOWITCH

Name


2903 SALZEDO STREET, #2

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

CORAL GABLES FL 33134

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)

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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

FERNANDA DE OLIVEIRA MELLO
2000 TOWERSIDE TERRACE, #1512
MIAMI, FL, 33138

MGR

FERNANDA LUFT MATIVI PALMEIRO
6917 COLLINS AVENUE, #1511
MIAMI BEACH, FL, 33141

MGR

JOY MOORE
6580 INDIAN CREEK DRIVE, #310
MIAMI BEACH, FL 33141

(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.)

FERNANDA LUFT MATIVI PALMEIRO

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)

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