

L12000076162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

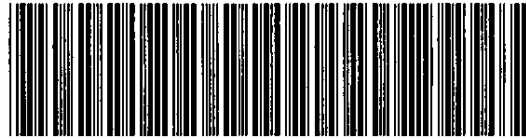
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/02/12--01016--002 **125.00

EFFECTIVE DATE 04-26-12

FILED
12 MAY -2 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAISHA PRODUCTION
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:

VIRGINIA LOPEZ

Name of Person

VIRGINIA LOPEZ

Firm/Company

555 NE 15TH STREET 7 FLOOR SUITE 7711

Address

MIAMI FLORIDA 33132

City/State and Zip Code

virggi@gmail.com

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

For further information concerning this matter, please call:

VIRGINIA LOPEZ

Name of Person

at (305) 4565318

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
12 MAY -2 PM 3:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAISHA PRODUCTION 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:

555 NE 15TH STREE 7-FLOOR
SUITE 7711 MIAMI FLORIDA 33132

Mailing Address:

555 NE 15TH STREE 7 FLOOR
SUITE 7711 MIAMI FLORIDA 33132

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:

Virggi Group USA LLC
Name

555 NE 15TH STREET 7 FLOOR SUITE 7720

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

MIAMI FL 33132

City, State, and Zip

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OFFICE OF
TALLAHASSEE, FLORIDA

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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)

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 AND MGRM

VIRGINIA LOPEZ

555 NE 15 STREET 7 FLOOR SUITE
7720 MIAMI FL 33132

MGRM

JULIAN FUENTES

RANCHO ANIMAS 20 FRANCCIONAMI
ENTO LOS SAUCES, COYOACAN MEX

MGRM

FLOR CRUZ

10902 NW 83RD STREET APT 102
DORAL, FL 33178

(Use attachment if necessary)

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DEPT OF STATE
MIAMI, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: APRIL 26 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.)

VIRGINIA LOPEZ

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2012

VIRGINIA LOPEZ
555 NE 15TH STREET, 7TH FLOOR
SUITE 7711
MIAMI, FL 33132

SUBJECT: MAISHA PRODUCTION L.L.C.
Ref. Number: W12000024903

We have received your document for MAISHA PRODUCTION L.L.C. and your check(s) totaling \$125.00. 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 612A00014658



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2012

VIRGINIA LOPEZ
555 NE 15TH STREET, 7TH FLOOR
SUITE 7711
MIAMI, FL 33132

SUBJECT: MAISHA PRODUCTION L.L.C.
Ref. Number: W12000024903

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 212A00013539