

L12000076170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

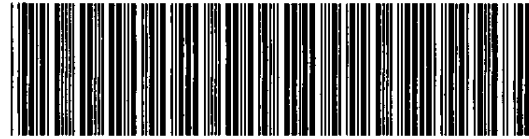
(Document Number)

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06/07/12--01015--004 \*\*51.25

02/28/12--01010--002 \*\*78.75

2012 JUN -6 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Rec'd.  
6/6/12

2/29

B Tadlock JUN 07 2012

~~L12000076170~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2012

MIGUEL VELAZCO  
10870 NE 88TH UNIT 218  
MIAMI, FL 33178

SUBJECT: LUNAPH 18 LLC  
Ref. Number: W12000011849

We have received your document for LUNAPH 18 LLC 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.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 912A00008249

Brenda L. Tadlock, Registrations Section.  
Personal and confidential.  
Division Corporations.  
PO Box. 6327. Tallahassee. 32314. FL.

Ms. Brenda Tadlock

I send. the articles and Fees. of the.

Epict 13 LLC. 78.75

Lunaph-18 LLC 51.25

thanks for your. interest.

Margaret Velasco.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUNAPH 18 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:

**MIGUEL VELAZCO**

Name of Person

**RAMANG 14N LLC**

Firm/Company

**10870 NW 88 Th BUILDING 7 UNIT 214**

Address

**MIAMI FL 33178**

City/State and Zip Code

**mlorenzo49@hotmail.com**

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

For further information concerning this matter, please call:

**MIGUEL VELAZCO**

Name of Person

at ( **786** ) **401 6937**

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:

**LUNAPH 18 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:**

10879 NW 88 Th BUILDING 7 UNIT 218  
MIAMI FL 33178

**Mailing Address:**

10885 NW 89 Terr BUILDING 6 UNIT 213  
MIAMI FL 33178

**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:

**MIGUEL VELAZCO**

Name


**10885 NW 89 Terr No 6-213**

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

**MIAMI FL 33178**

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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TALLAHASSEE, FLORIDA

**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

LAURA NESI

10885 NW 89 Terr building 6 unit 213

MIAMI FL 33178

MGRM

MIGUEL VELAZCO

10885 NW Terr building 6 unit 213


MIAMI FL 33178

(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.)

**MIGUEL VELAZCO**

\_\_\_\_\_  
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)**