

L12000086418

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 19 AM 11:02

JUL 20 2012  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7626 Hare, LLC

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas O. Wells, Esq.

*Name of Person*

Thomas O. Wells, P.A.

*Firm/Company*

540 Biltmore Way

*Address*

Coral Gables, FL 33134

*City/State and Zip Code*

mechelle@twellsllaw.com

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

For further information concerning this matter, please call:

Thomas O. Wells

*Name of Person*

at ( 305 )

444-0016  
*Area Code & Daytime Telephone Number*

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000086418  
FILED 8:00 AM  
July 02, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
7626 HARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4711 ALHAMBRA CIRCLE  
CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:  
4711 ALHAMBRA CIRCLE  
CORAL GABLES, FL. US 33134

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
THOMAS O. WELLS, P.A.  
540 BILTMORE WAY  
CORAL GABLES, FL. 33134

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.

Registered Agent Signature: THOMAS O. WELLS

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DIVISION OF CORPORATIONS

### Article V

The name and address of managing members/managers are:

Title: MGR  
MARILU MADRGIAL  
4711 ALHAMBRA CIRCLE  
CORAL GABLES, FL. 33134 US

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Signature of member or an authorized representative of a member

Electronic Signature: THOMAS O. WELLS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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