

L12000090238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

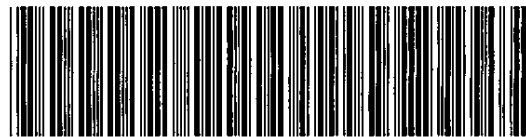
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W120000032324

Office Use Only



000234653880

06/13/12--01005--015 **125.00

APPROVED
AND
FILED
12 JUL 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 11 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2012

ADOLFO ALVAREZ FERNANDEZ
9400 W FLAGLER ST, APT #206
MIAMI, FL 33174

SUBJECT: SKYLINE MASSAGE LLC
Ref. Number: W12000032324

We have received your document for SKYLINE MASSAGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 812A00016690

APPROVED
AND
FILED

12 JUL 10 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyline Massage 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:

Adolfo Alvarez Fernandez

Name of Person

Skyline Massage LLC

Firm/Company

9400 w flagler st # 206

Address

miami fl 33174

City/State and Zip Code

merconchines@gmail.com

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

For further information concerning this matter, please call:

Karen Ibanez

at (

786

454 5630

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

12 JUL 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skyline Massage 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:

9400 w flagler st # 206
miami fl 33174

Mailing Address:

9400 w flagler st # 206
miami fl 33174

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:

Adolfo Alvarez Fernandez

Name

9400 w flagler st # 206

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

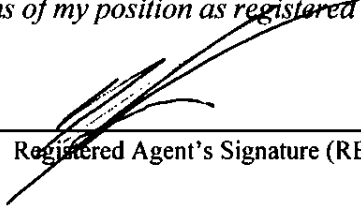
miami

33174
FL

City, State, and Zip

APPROVED
AND
FILED
12 JUL 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Adolfo Alvarez Fernandez

9400 w flagler st # 206

miami fl 33174

MGRM

Karen Ibanez

2160 sw 16 ave # 115

miami fl 33145

(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.)

Adolfo Alvarez Fernandez

Typed or printed name of signee

12 JUL 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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)