L12000103982

| (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: |
| W1200039066 |

Office Use Only



07/23/12--01033--013 **155.00

12 AUG 10 PH 4: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

D. BRUCE

AUG 1 3 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2012

JOEL E. STEPHENS 1801 LAS CASAS RD BOCA RATON, FL 33486

SUBJECT: ATALA, LLC

Ref. Number: W12000039066

We have received your document for ATALA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P01000111235.

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: 612A00019526

COVER LETTER

| TØ: | Registration S Division of Co | | | | | | |
|----------|----------------------------------|---|---|--------------------------|-----------------------|-----------|-------|
| SUBJE | FCT. | А | tala, LLC | | | | |
| 30001 | LC1. | | d Liability Company | | | | |
| | | | - | | | | |
| The en | closed Articles of | f Organization and fee(s) are s | ubmitted for filing. | | | | |
| Please | return all corresp | ondence concerning this matte | er to the following: | | | | |
| | | Joel | E. Stephens | 3 | | _ | |
| | | | Name of Person | | | | |
| | | A | tala, LLC | | | | |
| | | | Firm/Company | | | | |
| | | 1801 | Las Casas R | d | | | |
| | | | Address | | | | |
| | | Poss F | oton El 2249 |) C | SE | 12 | |
| | | | Raton, FL 3348 /State and Zip Code | 90 | | A | |
| | | · | 47.1@netzero.r | net | TAR | 12 AUG 10 | -17 |
| | | E-mail address: (to be used for | | | - 171 < | | FILED |
| For fur | ther information | concerning this matter, please | call: | | 70 | PH 4: | |
| | | · · · · · · · · · · · · · · · · · · · | | | | : 55 | |
| | | . Stephens | at (| 859 5900 | | S | |
| | Name o | of Person | Area Code & I | Daytime Telephone Number | | | |
| Enclos | sed is a check fo | or the following amount: | | | | | |
| \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing For Certified Copy (additional copy is c | Certificate of | of Status & opy |) | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courie Registration S Division of C Clifton Build 2661 Executi | Section Corporations | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabil | ity Company is: | | |
|--|--|---|---|
| | k Atala, Ll | _C y Company, "L.L.C.," or "LLC.") | |
| | | , company, 2,2,c,, c, 22,c, , | |
| ARTICLE II - Address: The mailing address and street a | address of the pri | ncipal office of the Limited | l Liability Company is: |
| <i>G</i> | | | , |
| Principal Office Address: | | Mailing Address: | |
| 1801 Las Casas Rd. | | 1801 Las Casas Rd. | |
| Boca Raton, FL 33486 | | Boca Raton, FL 33486 | |
| | | | |
| ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street | erve as its own Registe gistration.) | red Agent. You must designate an ii | 2 AUG 10 CRETAR: |
| | Joel E. Ste | phens | PM 4: 59 Y OF STATE EC, FLORID |
| | Name | . | 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03 |
| 18 | 301 Las Ca | asas Rd. | 55 ₹10,5 |
| _ | | ess (P.O. Box NOT acceptable) | |
| Boca | a Raton | _{FL} 33486 | |
| | City, Stat | e, and Zip | |
| Having been named as register liability company at the plac registered agent and agree to a statutes relating to the proper accept the obligations of my | re designated in th ct in this capacity. and complete per, | is certificate, I hereby accep I further agree to comply v formance of my duties, and | ot the appointment as with the provisions of all I am familiar with and |

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGRM | lool E. Stonbono | | |
|--|--|-------------|-----------------|
| WIGHT | Joel E. Stephens 1801 Las Casas Rd | | |
| | Boca Raton, FL 33486 | | |
| | | | |
| | TALL | 12 | AUG 10 PH 4: 55 |
| | S | AUG | |
| | ASSE | 0 | |
| | | | |
| | | | |
| | <u> </u> | CJ | |
| (Use attachment if necessary |) | | |
| CLE V: Effective date, if othe | than the date of filing: (OPTIONA | L) | |
| effective date is listed, the dat 00 days after the date of filing. | e must be specific and cannot be more than five business day | s prio | r |
| o days after the date of filling. |) | | |

(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.)

of a member or an authorized representative of a member.

Joel E. Stephens

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)