

L12000104985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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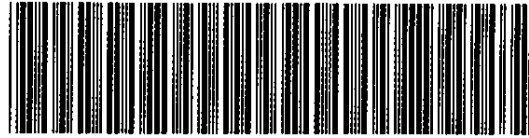
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 15 2012

EXAMINER

August 9, 2012

To whom it may concern:

I, Alisa Nerenberg, am applying
for an L.L.C. through the state
of Florida. My information is as

follows:

Alisa Nerenberg
4613 North University Dr. #605
Coral Springs, FL 33067

(954) 708-5937.

I have enclosed a check for \$125. Please
feel free to call if there are any further
questions.

Thank You.

Alisa Nerenberg

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pur Argan 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:

Alisa Nerenberg
Name of Person

Pur Argan LLC
Firm/Company

4613 North University Dr. #605
Address

Coral Springs, FL 33067
City/State and Zip Code

alisa.nerenberg@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisa Nerenberg at 954 708-5937
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pur Argon 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:

Mailing Address:

4613 N. University Dr. #605
Coral Springs, FL 33067

4613 N. University Dr. #605
Coral Springs, FL 33067

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:

Alisa Nerenberg
Name

9011 NW 38th Dr. #2
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs, FL 33065
City, State, and Zip

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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..

A Nerenberg
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows: 12 AUG 14 AM 10: 52

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR.

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alisa Nerenberg
9011 NW 38th Dr. #2
Coral Springs, FL 33065

(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:

Alisa Nerenberg

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.)

Alisa Nerenberg

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)