

L12000105580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

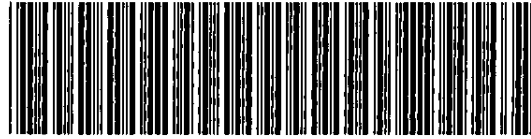
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238422499

08/15/12--01005--019 **125.00

FILED
12 AUG 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 16 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stella 9915, 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:

Lourdes Armengol

Name of Person

Law Office of Lourdes Armengol

Firm/Company

7850 NW 146 Street, Suite 424

Address

Miami Lakes, Fl. 33016

City/State and Zip Code

larmengol@armengollaw.com

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

For further information concerning this matter, please call:

Lourdes Armengol

Name of Person

at (305) 342-1142

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:

Stella 9915, 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:

7850 Nw 146 Street, Suite 424

Miami Lakes, FL 33016

Mailing Address:

7850 Nw 146 Street, Suite 424

Miami Lakes, FL 33016

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:

Lourdes Armengol, Esq.

Name

7850 Nw 146 Street, Suite 424

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

Miami Lakes

FL 33016

City, State, and Zip

FILED
12 AUG 15 AM 10:26
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:

MGRM

Jorge Blanco

7850 W 146 Street, Suite 424

Miami Lakes, Fl 33016

MGR

Lourdes Armengol

7850 W 146 Street, Suite 424

Miami Lakes, Fl. 33016

(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.)

Lourdes Armengol

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)

FILED
12 AUG 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA