

L12000116085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

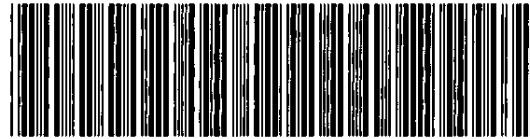
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/10/12--01014--019 **160.00

T. CLINE
SEP 11 2012
EXAMINER

FILED
2412 SEP 10 PM 1:03
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

September 6, 2012

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

Dear Sir or Madam:

Attached please find the Articles of Incorporation and a check submitted to you for registration of a new Florida Limited Liability Corporation: 505506NW7ST LLC.

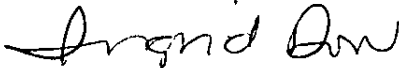
Should you have any questions, please contact me at the following address or telephone number:

Ingrid Dow
363 Aragon Ave Apt 816W
Coral Gables, FL 33134

Ph# 678-343-8275

Thanking you in advance for your assistance in this matter.

Kind regards,



Ingrid Dow

212 SEP 10 PM 1:01
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 505506NW7ST 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:

Ingrid Dow

Name of Person

Firm/Company

363 Aragon Ave Apt 816W

Address

Coral Gables, FL 33134

City/State and Zip Code

idow07075@gmail.com

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

For further information concerning this matter, please call:

Ingrid Dow

Name of Person

at (678) 343-8275

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

212 SEP 10 PM 1:02
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

505506NW7ST 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:

363 Aragon Ave Apt 816W
Coral Gables, FL 33134

Mailing Address:

363 Aragon Ave Apt 816W
Coral Gables, FL 33134

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:

Ingrid Dow

Name

363 Aragon Ave Apt 816W

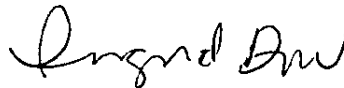
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, FL 33134

FL

City, State, and Zip

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)

2012 SEP 10 PM 1:02
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

FILED

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

Ingrid Dow

363 Aragon Ave Apt 816W

Coral Gables, FL 33134

MGRM

Johanna P. Armengol

751 Jeronimo Drive

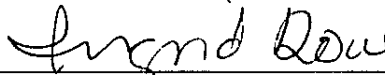
Coral Gables, FL 33146

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 15, 2011. (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.)

Ingrid Dow

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
21 SEP 10 PM 1:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA