

L12000135352

(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

B. KOHR

OCT 20 2012

EXAMINER



700231143857

10/29/12--01002--004 \*\*130.00

EFFECTIVE DATE

10/16/2012  
FILED  
12 OCT 23 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2012

GABRIELA L. JULIEN  
320 COMMODORE DRIVE, UNIT 1522  
PLANATAION, FL 33325

SUBJECT: JULIENGABRIELA & CO., LLC  
Ref. Number: W12000051669

EFFECTIVE DATE 10/16/2012  
12 OCT 23 AM 11:15  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please note that NO PAYMENT was received with this filing, that NO PAYMENT has been retained, and that the documents are being returned UNFILED.

Please resubmit your documents with a check for at least \$125.00.,

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.

Buck Kohr  
Regulatory Specialist II

Letter Number: 812A00024929

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

EFFECTIVE DATE 10/16/2012

SUBJECT: Julien Gabriela & Co., 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:

Gabriela L. Julien  
Name of Person

Julien Gabriela & Co., LLC  
Firm/Company

320 Commodore Drive, Unit 1522  
Address

Plantation, FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriela Julien at (954) 608-5148  
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

EFFECTIVE DATE 10/16/2012

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Julien Gabriela & Co., LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
12 OCT 23 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

320 Commodore Drive  
Unit 1522  
Plantation, FL 33325

320 Commodore Dr.  
Unit 1522  
Plantation, FL 33325

**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:

Gabriela Julien  
Name

320 Commodore Drive, Unit 1522  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation, FL 33325  
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.*

Gabriela Julien  
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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Oct. 1, 2012 (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.)

Gabriela L. Julien  
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)