L12000141282

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200241169702

11/01/12--01021--001 **125.00

EFFECTIVE DATE 10-20-12

12 NOV -1 PM 5: 00
SECRETARY OF STATE AHASSEE, FLORID

B. BOSTICK

NOV - 6 2012

EXAMINED

COVER LETTER

TO:	Registration Division of C			
SURI	ECT:	NEGI	ESYS, LLC	
5010		Name of Limi	ted Liability Company	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	MARCELA	MUMET		
			Name of Person	
	NEGESYS,	LLC		
			Firm/Company	
	465 BRICK	ELL AVENUE #2406		Žg si
			Address	C. No.
	MIAMI, FL3	33131		HASS
	MARCELAN	Ci MUMET@YAHOO.COM	ty/State and Zip Code //	PH S
		E-mail address: (to be used	for future annual report notification)	5: 00 SAFE FLORID
For fur	ther information	concerning this matter, please	call:	DA
MAR	ICELA MUMI	ET	· 305 766 6222	
	Name	of Person	Area Code & Daytime Telephone N	Jumber
Enclo:	sed is a check f	or the following amount:		
1 \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional 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:				
NEGESYS, LLC				
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Li	iability C	ompaı	ny is:
Principal Office Address:	Mailing Address:			
465 BRICKELL AVE.	465 BRICKELL AVE.			
APT. 2406	APT. 2406			
MIAMI, FLORIDA:33131	MIAMI, FLORIDA. 33131	<u></u>		
The Limited Liability Company cannot serve as its own Registation.) The name and the Florida street address of the re MARCELA MUMET Name 465 BRICKELL AVE. APT Florida street add MIAMI, FLORIDA. 33131	egistered agent are: 7. 2406 Press (P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STATE TAREARMS TAREARMS SEE: FEORID	12 NOV -1 PM 5: 00	
·	FL tte, and Zip	>		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature (CONTINE)	accept service of process for the his certificate, I hereby accept tity. I further agree to comply we performance of my duties, and gistered agent as provided for it ure (REQUIRED)	he appoir ith the pr d I am fan	ntmeni ovisio niliar	t as ns of with
Page 1 of 2	2			

*** TOO OO - WOTHE CHILL WINTELL HOLL IN THE TEST I AN

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

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

MGRM	MARCELA MUMET
	465 BRICKELL AVE #2406
	MIAMI, FL. 33131
MGRM	MICHEL ROBBA
	465 BRICKELL AVE. #2406
	MIAMI, FL. 33131
	HASSE SE
Use attachment if necessary)	
EV: Effective date, if other than t	he date of filing: 10-26-2012 (OPTION) ust be specific and cannot be more than five busing

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.)

MARCELA MUMET

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)



November 2, 2012

MARCELA MUMET 465 BRICKELL AVENUE #2406 MIAMI, FL 33131

SUBJECT: NEGESYS, LLC Ref. Number: W12000055961



We have received your document for NEGESYS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 012A00026785