

L130000004003 ✓

(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



000241892500

11/19/12--01045--004 **125.00

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13 JAN -7 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 8 2013

EXAMINER

COVER LETTER

NAME: JOSE FONSECA

ADDRESS: 200 VILLAGE GREEN CIR E APT K119 PALMS SPRINGS FL 33461

(Personal address)

PHONE NUMBER: (561) 304-8345 (702-237-8179)

FILED

13 JAN -7 PM 4:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Morena Insurance**

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:

Jose Fonseca

Name of Person

Firm/Company

4450 Lake Worth Rd. Suite 4626-B

Address

LaKe Worth, FL 33463

City/State and Zip Code

AlleyDurham@gmail.com

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

For further information concerning this matter, please call:

Ailin Durham

Name of Person

at (**702**) **237-8179**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morena Insurance 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:

4624-B

4450 Lake Worth Rd Suite 400

Lake Worth, FL 33463

Mailing Address:

4624-B

4450 Lake Worth Rd Suite 400

Lake Worth, FL 33463

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:

Jose Fonseca

Name

200 Village Green Cir E Apt K119

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

Palm Springs FL 33461

City, State, and Zip

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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..

[Signature]
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

Ailin Durham

518 El Prado

West Palm Beach, FL 33405

MGRM

Concepcion Rey

200 Village Green Circle E APT K119

Palm Springs, FL 33461

MGR

Jose Fonseca

200 Village Green Circle E APT K119

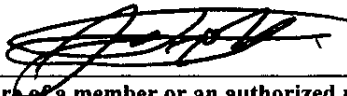
Palm Springs, FL 33461

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Jose Fonseca

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

JOSE FONSECA
4450 LAKE WORTH ROAD
SUITE 4626-B
LAKE WORTH, FL 33463

SUBJECT: MORENA INSURANCE LLC
Ref. Number: W12000058497

We have received your document for MORENA INSURANCE 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 012A00027950



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2012

AILIN DURHAM
518 EL PRADO
WEST PALM BEACH, FL 33405

SUBJECT: MORENA INSURANCE LLC
Ref. Number: W12000058497

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 912A00029074