L13000019968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 2/4/13

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DIVISION OF CORPORATIONS
13 FEB -6 PM 2:48

FEB 7 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVENCIAS, 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:

PAMELA G. ALVAREZ
Name of Person

VIVENCIAS, LLC
Firm/Company

300 BEACH DRIVE N.E. #1202
Address

ST. PETERSBURG, FL 33701
City/State and Zip Code

Vivenciasinc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA G. ALVAREZ at (813) 767-8874
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 FEB -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 25, 2013

PAMELA G ALVAREZ
300 BEACH DR NE
1202
ST PETERSBURG, FL 33701

SUBJECT: VIVENCIAS, LLC
Ref. Number: W13000005072

We have received your document for VIVENCIAS, LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 25, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00001950

Effective Date 2/4/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

VIVENCIAS, 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:	**Mailing Address:**
300 BEACH DRIVE NE #1202 ST. PETERSBURG, FL 33701	300 BEACH DRIVE NE #1202 ST. PETERSBURG, FL 33701

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:

MAXIMO R. LUQUE
Name

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

TAMPA FL 33606
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)

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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:**
MGR	PAMELA ALVAREZ 300 BEACH DRIVE N.E. UNIT 1202 ST PETERSBURG, FL 33701
Mgr.	Vivian Jacinto 3320 W. Granada St Tampa, Florida 33629
MGR	MARLENE SARQUIS 3321 W St Louis Tampa, FL 33607
~~MGR~~	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 4, 2013 (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.)

PAMELA ALVAREZ
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
13 FEB -6 PM 2:48
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DIVISION OF CORPORATIONS