

L130000 19968

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Effective Date 2/4/13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -6 PM 2:48

FEB 7 2013

T. HAMPTON

130521

(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

Name of Person

at (813) 767-8874

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:

300 BEACH DRIVE NE
#1202
ST. PETERSBURG, FL 33701

Mailing Address:

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 A. LUQUE

Name

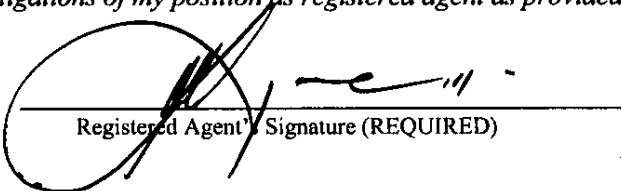
635 MARMORA AVE

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)

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 33609

MGR

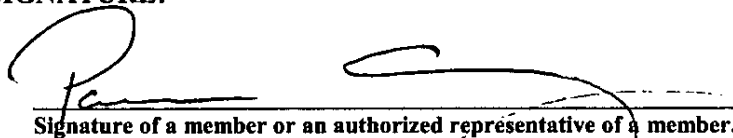
MARLENE SARQUIS
3321 W ST LOUIS
TAMPA, FL 33607

as

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -6 PM 2:48