## L13000041788

(Re	equestor's Name)	·.
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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DIVISION OF CORPCRATION

C. LEWIS

MAR 2 0 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Theresecloset 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:

Janet Heeb	
Name of Person	
Theresecloset LLC	
Firm/Company	
PO BOX 528006	
Address	
Miami, FL 33152	
City/State and Zip Code	
neresecloset@aol.com	
E-mail address: (to be used for future annual report notification)	·

For further information concerning this matter, please call:

Janet Heeb

Name of Person

at (305) 975-1602

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

□\$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

Certificate of Status

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:

ARTICLE II - A	ddrees.		•	
		of the principal office of the Limited Liabilit	ty Company is	:
Principal Office	Address:	Mailing Address:		
5825 Juns	et Drive	PO Box 528006		
511. to 304	<b>+</b> .	Mlami, FL 33152	<u></u> .	
south Mia	mi, FL. 3314.	3	<del></del> ,	
RTICLE III - F	Registered Agent, Rompany cannot serve as its	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual o	nature:	
RTICLE III - R he Limited Liability C ousiness entity with an	Registered Agent, Rompany cannot serve as its active Florida registration.	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual o	r another	0.41010
RTICLE III - R he Limited Liability Cousiness entity with an	Registered Agent, Rompany cannot serve as its active Florida registration.	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:	ranother 2819 HAR	0.710101
RTICLE III - R he Limited Liability Cousiness entity with an	tegistered Agent, Rompany cannot serve as its active Florida registration. Florida street addres	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual o	ranother 2819 MAR 19	
RTICLE III - R The Limited Liability Cousiness entity with an	tegistered Agent, Rompany cannot serve as its active Florida registration. Florida street addres	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:	ranother 2819 MAR 19	
ARTICLE III - R The Limited Liability Cousiness entity with an	Registered Agent, Rompany cannot serve as its active Florida registration.  Florida street address  Ariel Hernandez  5825 Sunset Drive, Suited	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:	ranother 2819 MAR 19	
ARTICLE III - R The Limited Liability Cousiness entity with an	Registered Agent, Rompany cannot serve as its active Florida registration.  Florida street address  Ariel Hernandez  5825 Sunset Drive, Suited	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:  Name	ranother 2819 HAR	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED
SECRETARY OF STATE
The name and address of each Manager or Managing Member is as follows? IVISION OF CORPORATIONS

TO STATE THE DESCRIPTION OF STATE O

Title:			Name and Address:	2818 MAR 19	ΑП
	" = Manager		·		
"MGRI	M'' = Manag	ing Member		·	•
MGRM	-	•	Janet Heeb		
	•		PO Box 528006 Miami, FL 33152		
,	f		Miarii, FL 33132		
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(Use at	ttachment if	necessary)			
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CLE V: effective o or 90 c	Effective da e date is list days after th	te, if other than the ed, the date must he date of filing.)	date of filing:		
CLE V: effective o or 90 c	Effective da e date is list	te, if other than the ed, the date must he date of filing.)			
CLE V: effective o or 90 c	Effective da e date is list days after th URED SIGN	te, if other than the ed, the date must be date of filing.) NATURE:		e than five busin	
CLE V: effective o or 90 c	Effective da e date is list days after th  URED SIGN  (In accordance) Constitute I am awar	te, if other than the ed, the date must be date of filing.)  NATURE:  ignature of a member lance with section 608. s an affirmation under the that any false information to the that any false information the that any false information under the that any false information	be specific and cannot be more	member. of this document ted herein are true.	
CLE V: effective o or 90 c	Effective da e date is list days after th  URED SIGN  (In accord constitute I am awar constitute	te, if other than the ed, the date must be date of filing.)  NATURE:  ignature of a member lance with section 608. s an affirmation under the that any false information to the that any false information the that any false information under the that any false information	or anauthorized representative of a 408(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the De	member. of this document ted herein are true.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)