

L13000125964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

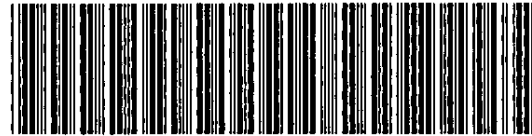
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400250225304

08/02/13--01025--004 **160.00

FILED
13 SEP -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Silvers SEP 06 2013

W17-43536
611
623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2013

LUCRECIA JIMENEZ
3307 TUSCANY WAY
BOYNTON BEACH, FL 33435

SUBJECT: 2345 N 2ND AVE LLC
Ref. Number: W13000043538

We have received your document for 2345 N 2ND AVE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00018690

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **2345 N 2ND AVE 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:

LUCRECIA G JIMENEZ

Name of Person

Firm/Company

3307 TUSCANY WAY

Address

BOYNTON BEACH FL 33435

City/State and Zip Code

lupitajr62@hotmail.com

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

For further information concerning this matter, please call:

LUCRECIA G JIMENEZ at **(561) 7277502**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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

FILED
13 SEP -5 AM 11:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2345 N 2ND AVE 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:

2345 N 2ND AVE #110

LAKE WORTH, FLORIDA

33461

Mailing Address:

3307 TUSCANY WAY

BOYNTON BEACH FL

33462

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:

LUCRECIA G JIMENEZ

Name

3307 TUSCANY WAY

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

BOYNTON BEACH FL 33435

City, State, and Zip

FILED
13 SEP - 5 AM 10:31
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..



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

LUCRECIA G JIMENEZ

3307 TUSCANY WAY

BOYNTON BEACH FL 33435

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/2013 . (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.)

LUCRECIA G JIMENEZ

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 SEP -5 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA