

L13000145363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/09/13--01011--014 **130.00

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2013 OCT 15 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2013

T. HAMPTON

h6-8477-211

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rockerbox Vintage Motorbikes

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:

Alejandro Maria Lopez

Name of Person

Firm/Company

1610 Lenox Ave apt 217

Address

Miami Beach Fl 33139

City/State and Zip Code

a.lopez.cristiani@me.com

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

For further information concerning this matter, please call:

Matthew Chirino

Name of Person

at (

917

3745453

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 OCT 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2013

ALEJANDRO MARIA LOPEZ
1610 LENOX AVE
APT 217
MIAMI BERACH, FL 33139

SUBJECT: ROCKERBOX VINTAGE MOTORBIKES LLC
Ref. Number: W13000044874

We have received your document for ROCKERBOX VINTAGE MOTORBIKES 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 August 9, 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: 713A00019258

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rockerbox Vintage Motorbikes 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:

501 76th st apt 5 Miami Beach FL 33141

Mailing Address:

1610 Lennox Ave apt 217 Miami Beach FL 33139

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:

Matthew Chirino

Name

501 76th st apt 5

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

Miami Beach, FL 33141

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

Alejandro Maria Lopez

1610 Lennox Ave apt 217

Miami Beach fl 33139

MGRM

Guillermo Silvagni

101 Collins Ave Apt 7

Miami Beach 33140

MGRM

Matthew Chirino

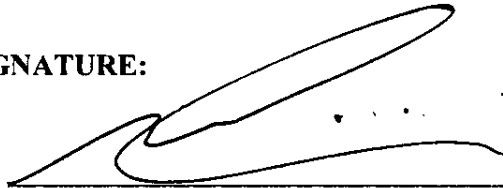
501 76th st apt 5

Miami Beach.33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: date of filing Aug 1st 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.)

Matthew Chirino

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)

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TALLAHASSEE, FLORIDA